



LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Flipside Coffee, LLC</i>	Applicant #2 <i>Turn! Turn! Turn!, LLC</i> * main license
Applicant #3	Applicant #4

4. Trade Name of the Business (Name Customers will see)
Turn Turn Turn + Flipside Coffee

5. Business Address (Number and Street Address of the location that will have the liquor license)
8 NE Killingsworth St.

City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97211</i>
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6. Does the business address currently have an OLCC liquor license? YES NO

7. Does the business address currently have an OLCC marijuana license? YES NO

8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail)
8 NE Killingsworth St.

City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97211</i>
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9. Phone Number of the Business Location: *503 702 0637* Email Contact for this Application: *nicole@flipsidecoffee.com*

Contact Person for this Application: *Nicole Ball* Phone Number: *503 702 0637*

Mailing Address <i>8 NE Killingsworth</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97211</i>
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I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

Nicole Ball

(Applicant #1)

[Signature]

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Rec'd by Portland
Liquor Licenses

NOV 20 2018

PD ~~OK~~ 75.00 @
1064

pending

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 st Location	Date application received: _____
<input type="checkbox"/> Brewery 2 nd Location	Name of City or County: _____
<input type="checkbox"/> Brewery 3 rd Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 st location	By: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	
<input checked="" type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1 st location	
<input type="checkbox"/> Grower Sales Privilege 2 nd location	
<input type="checkbox"/> Grower Sales Privilege 3 rd location	
<input type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	
	OLCC USE ONLY
	Date application received: <i>[Signature]</i>
	By: <u>10-26-18</u>
	Date application accepted as initially complete: <u>11-7-18</u>
	By: <i>[Signature]</i>
	License Action(s): <u>A/Licensee</u>

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Flipside Coffee LLC
(Applicant #1)

Turn! Turn! Turn! LLC
(Applicant #2)

(main licensee)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY RECEIVED OCT 26 2018 Initials: <i>[Signature]</i> Oregon Liquor Control Commission	OLCC FINANCIAL SERVICES USE ONLY
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OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Flipside Coffee LLC Phone: (503) 702-0637
Trade Name (dba): Alate Ball
Trade Name (dba): Flipside Coffee, LLC
Business Location Address: 8 NE Killingsworth St.
City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9 to 3:00
Monday 7 to 3:00
Tuesday 7 to 3:00
Wednesday 7 to 3:00
Thursday 7 to 3:00
Friday 7 to 3:00
Saturday 8 to 3:00

Outdoor Area Hours:

Sunday 9 to 3:00
Monday 7 to 3:00
Tuesday 7 to 3:00
Wednesday 7 to 3:00
Thursday 7 to 3:00
Friday 7 to 3:00
Saturday 8 to 3:00

The outdoor area is used for:

Food service Hours: 7am to 3:00 pm
 Alcohol service Hours: 12pm to 3:00 pm
 Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: 32 Outdoor: 14
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 46

OLCC USE ONLY

Investigator Verified Seating: ____ (Y) ____ (N)
Investigator Initials: _____
Date: _____

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 10-26-10

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1304533-92

Please Print or Type

LLC Name: Flipside Coffee, LLC Year Filed: 2017 ✓

Trade Name (dba): Flipside Coffee

Business Location Address: 8 NE Killingsworth St

City: Portland ZIP Code: 97211

List Members of LLC:

Percentage of Membership Interest:

1. Nicole Ball
(managing member)

100%

2. _____
(members)

3. _____

4. _____

5. _____

6. _____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: Nicole Ball DOB: 8-11-78

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Signature: Nicole Ball (name) OWNER (title) Date: 10-26-18

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4th Avenue, Suite #110, Portland OR 97204

On New Outlet applications, property owners within 300 feet of the location, the Portland Police Bureau and all interested parties are notified by mail (with a copy of this form) and given an opportunity to comment on your application. The OLCC allows the City at least 45 days to complete the recommendation process. Submission of a complete operating plan can expedite the time required to process. A City liquor endorsement is not a confirmation that the property is properly zoned. Call (503) - 823-7526 to confirm that the property is properly zoned.

On submission of this form, you must also include the following:

- OLCC Liquor Application Form, initialed by your OLCC License Investigator
- OLCC Individual History Forms (all persons anticipated to have a financial interest, or key personnel are required)
- City Endorsement Fees

City Endorsement Fees are payable at the beginning of the application process (please make checks payable to City of Portland): New outlets are \$100.00, all others are \$75.00. All blank sections must be filled in. If the question does not apply, write "N/A" in the space.

LEGAL NAME OF BUSINESS: Flipside Coffee LLC

DBA OR TRADE NAME: Flipside Coffee Shop PHONE: 503-702-0637 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 8 NE Killingsworth St. Portland OR 97211

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): GREATER PAULELLE BEAN adding to license

CONTACT PERSON: Nicole Ball PHONE: 503-702-0637 EMAIL: nicob@flipsidecoffee.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: N/A

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 32 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 14

DESCRIBE SECURITY: N/A

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS?
 Yes No I Don't Know

HOURS OF OPERATION Sunday 9AM
SUNDAY - THURSDAY OPEN: M-R 7AM CLOSE: 3pm

FRIDAY & SATURDAY OPEN: Friday 7AM
Saturday 6AM CLOSE: 3pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 3pm

HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A - TURN, TURN, TURN LLC

NAME & ADDRESS OF PROPERTY OWNER: N/A

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> Other: _____ | |

The City requires an **Amusement Location Permit** for all locations with amusement devices or pool tables. **Contact the Revenue Bureau for rules and an Amusement Location Permit application form now.** Permits are non-transferable from one owner to another and must be paid before games are placed on the premises. Contact Anne Holm at 503-865-2488. The City of Portland will notify affected nearby neighbors and a copy of this form will be included in our mailing.

Use this area to provide any additional information that you wish to be considered on this liquor application
Flipside Coffee subleases the space from TURN TURN TURN during the day. WE ARE LOOKING TO BE ADDED TO THE LIQUOR LICENSE.

A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Nicole Ball DATE: 11-17-18