



LIQUOR LICENSE APPLICATION

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	_____
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 st location	_____
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 rd location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input checked="" type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input type="checkbox"/> Full On-Premises, Caterer	<i>Rec'd by Portland Liquor Licenses NOV 26 2018 PD # 575 CC 08448</i>
<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	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	11-8-18
<input type="checkbox"/> Warehouse	By: <i>[Signature]</i>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	11-16-18
<input type="checkbox"/> Winery 2 nd Location	By: <i>[Signature]</i>
<input type="checkbox"/> Winery 3 rd Location	License Action(s): c/o c/In

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

PDX SIERREC LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY RECEIVED <i>[Signature]</i>	OLCC FINANCIAL SERVICES USE ONLY
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LIQUOR LICENSE APPLICATION

3. Applicant #1 PDX SIERRA LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) MONTESACRO PDX			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1230 NW Hoyt street Space 01			
City PORTLAND	County Multnomah	Zip Code 97209	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) 557-1/2 WISCONSIN STREET			
City SAN FRANCISCO	State CA	Zip Code 94107	
9. Phone Number of the Business Location 503-208-2992	Email Contact for this Application gianluca@montesacrof.com		
Contact Person for this Application Giovanni Legrottaglie		Phone Number 347-401-1897	
Mailing Address 557-1/2 WISCONSIN STREET	City SAN FRANCISCO	State ca	Zip Code 94107

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.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type PDX Siemec LLC
Applicant Name: GIOVANNI LEGROTTagLIE Phone: 503-208-2992
Trade Name (dba): MONTESACRO PDX
Business Location Address: 1230 NW HOYT ST. Space 01
City: PORTLAND ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 5pm to 10pm
Monday 11am to 10pm
Tuesday 11am to 10pm
Wednesday 11am to 10pm
Thursday 11am to 10pm
Friday 11am to 11pm
Saturday 11am to 11pm

Outdoor Area Hours:

Sunday 5pm to 10pm
Monday 11am to 10pm
Tuesday 11am to 10pm
Wednesday 11am to 10pm
Thursday 11am to 10pm
Friday 11am to 11pm
Saturday 11am to 11pm

The outdoor area is used for:

- Food service Hours: 11am to 11pm
Alcohol service Hours: 11am to 11pm
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: 50 Outdoor: 12
Lounge: Other (explain):
Banquet: Total Seating: 62

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: Date: 11/1/2018

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1487682-94

Please Print or Type

LLC Name: PDX SIERREC LLC Year Filed: 2018 ✓

Trade Name (dba): MONTE SACRO PDX

Business Location Address: 1230 NW HOYT ST SPACE 01

City: PORTLAND ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

1. SIERREC LLC
(managing member)

56%

2. VCE VENTURES LLC
(members)

24%

3. BELLINO'S LLC

20%

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: GIOVANNI LEGROTTAGLIE DOB: 06/18/1974

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

Signature: [Signature] (name) MANAGING MEMBER (title) Date: 11/1/2018

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: SIERREC LLC Year Filed: 2014

Trade Name (dba): MONTE SACRO

Business Location Address: 510 STEVENSON ST

City: SAN FRANCISCO, CA ZIP Code: 94103

List Members of LLC:

Percentage of Membership Interest:

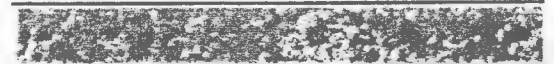
1. GIOVANNI LEGROTTAGLIE
(managing member)

70%

2. VCE VENTURER LLC
(members)

30%

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: _____ DOB: _____

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

Signature: [Signature] Date: 11/15/18
(name) (title)

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: PDX SIERREC LLC
DBA OR TRADE NAME: MONTESACRO PHONE: 503 208 2992 FAX: N/A
BUSINESS ADDRESS (Including ZIP Code): 1230 NW HOYS ST, PORTLAND, OR, 97209
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): CHANGE OF OWNER
CONTACT PERSON: GIOVANNI LEGROTAGLIE PHONE: 347 401 1897 EMAIL: GIANLOCO@GMAIL.COM

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: _____

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 49 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 10

DESCRIBE SECURITY: SONITROL

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 - THURSDAY OPEN: 11:00AM CLOSE: 10:00PM FRIDAY & SATURDAY OPEN: 11:00AM CLOSE: 11:00PM

HOW LATE WILL THERE BE OUTSIDE SEATING? 10PM HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: NICOLETTA + BEPPE'S

NAME & ADDRESS OF PROPERTY OWNER: 1230 HOYT LLC c/o THE EMPIRE GROUP, 155 SANSOME ST #850, SAN FRANCISCO CA, 94104

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- Dancing Video Poker Live Music Nude Dancers
 Karaoke Video Games/Pinball Recorded Music DJ Entertainment
 Pool Tables (How Many): _____ Events (Describe): _____ 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
I'M BEYOND EXCITED TO START MONTESACRO AND AM HOPING TO OPEN BY DECEMBER 18TH 2018. THANK YOU FOR YOUR CONSIDERATION

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

SIGNATURE: [Signature] DATE: 11/21/18