



LIQUOR LICENSE APPLICATION

pending DT

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"/> Brewery-Public House 1 st location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 nd location	By: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	Date: _____
<input type="checkbox"/> Distillery	<div style="text-align: right;"> <p><i>Rec'd by Portland Liquor Licenses</i></p> <p>NOV 26 2018</p> <p>PD \$100 ck</p> <p># 201715</p> </div>
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date application received: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	By: <u>10-24-18</u>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	Date application accepted as initially complete: _____
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: <u>11-2-18</u>
<input type="checkbox"/> Grower Sales Privilege 1 st location	License Action(s): <u>n/o</u>
<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 checked="" 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	

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

City Maxx, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>OCT 24 2018</p> <p>Initials: <u><i>[Signature]</i></u></p> <p>Oregon Liquor Control Commission</p>	



LIQUOR LICENSE APPLICATION


3. Applicant #1 City Maxx, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) City Maxx			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 3552 SE 122nd Ave			
City Portland	County Multanomah MULTNOMAH	Zip Code 97236	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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) PO Box 15690			
City Irvine	State CA	Zip Code 92623	
9. Phone Number of the Business Location 503-489-8088		Email Contact for this Application courtney@909co.com	
Contact Person for this Application Courtney Rogers		Phone Number 858-922-0067	
Mailing Address PO Box 15690	City Irvine	State CA	Zip Code 92623

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

Applicant Name: City Maxx, LLC Phone: (503) 489-8088

Trade Name (dba): City Maxx

Business Location Address: 3552 SE 122nd Ave

City: Portland ZIP Code: 97236

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10:00am to 8:00pm
 Monday 10:00am to 8:00pm
 Tuesday 10:00am to 8:00pm
 Wednesday 10:00am to 8:00pm
 Thursday 10:00am to 8:00pm
 Friday 10:00am to 8:00pm
 Saturday 10:00am to 8:00pm

Outdoor Area Hours:

Sunday None to None
 Monday None to None
 Tuesday None to None
 Wednesday None to None
 Thursday None to None
 Friday None to None
 Saturday None to None

The outdoor area is used for:

- Food service Hours: _____ to _____
 Alcohol service Hours: _____ to _____
 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 Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday None to None
 Monday None to None
 Tuesday None to None
 Wednesday None to None
 Thursday None to None
 Friday None to None
 Saturday None to None

SEATING COUNT

Restaurant: 0 Outdoor: 0
 Lounge: 0 plain): _____
 Banquet: 0 Total Seating: 0

N/A OLCC USE ONLY
 Investigator Verified Seating: (Y) (N)
 Investigator Initials: JS
 Date: 11/15/18

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

Applicant Signature: [Signature] Date: 10/23/2018

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1301541-98

Please Print or Type

LLC Name: City Maxx, LLC Year Filed: 2018-2017

Trade Name (dba): City Maxx

Business Location Address: 3552 SE 122nd Ave

City: Portland ZIP Code: 97236

List Members of LLC:


Percentage of Membership Interest:

1. <u>Dave Rogers</u> (managing member)	<u>100%</u>
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: Dave Rogers DOB: 05/09/1973

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

Signature:  Owner _____ Date: 10/23/2018
(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: City Maxx, LLC

DBA OR TRADE NAME: City Maxx PHONE: (503) 489-8088 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 3552 SE 122nd Ave, Portland, OR 97236

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Beer & Wine

CONTACT PERSON: Courtney Rogers PHONE: (858) 922-0067 EMAIL: courtney@909co.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: No service on property, off-premise license only

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 0 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: Cameras throughout store

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: 10:00AM CLOSE: 8:00PM FRIDAY & SATURDAY OPEN: 10:00AM CLOSE: 8:00PM

HOW LATE WILL THERE BE OUTSIDE SEATING? None HOW LATE WILL THERE BE ENTERTAINMENT? None

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Unknown

NAME & ADDRESS OF PROPERTY OWNER: Phillips Edison & Company, 11501 Northlake Drive, Cincinnati, OH 45249

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

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

SIGNATURE: _____ *[Signature]* DATE: 10/23/2018



City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue - Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds



ZONING VERIFICATION

Address: 3510-3544 SE 122ND AVE

R#: R278019

State ID: 1S2E11CB 1000

Zone: CE(MU-C)

Plan District: JOHNSON CREEK

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CE(MU-C) zone

Additional Comments:

Retail sales and service use is allowed.

David Besley

Name of City Official

City Planner

Title

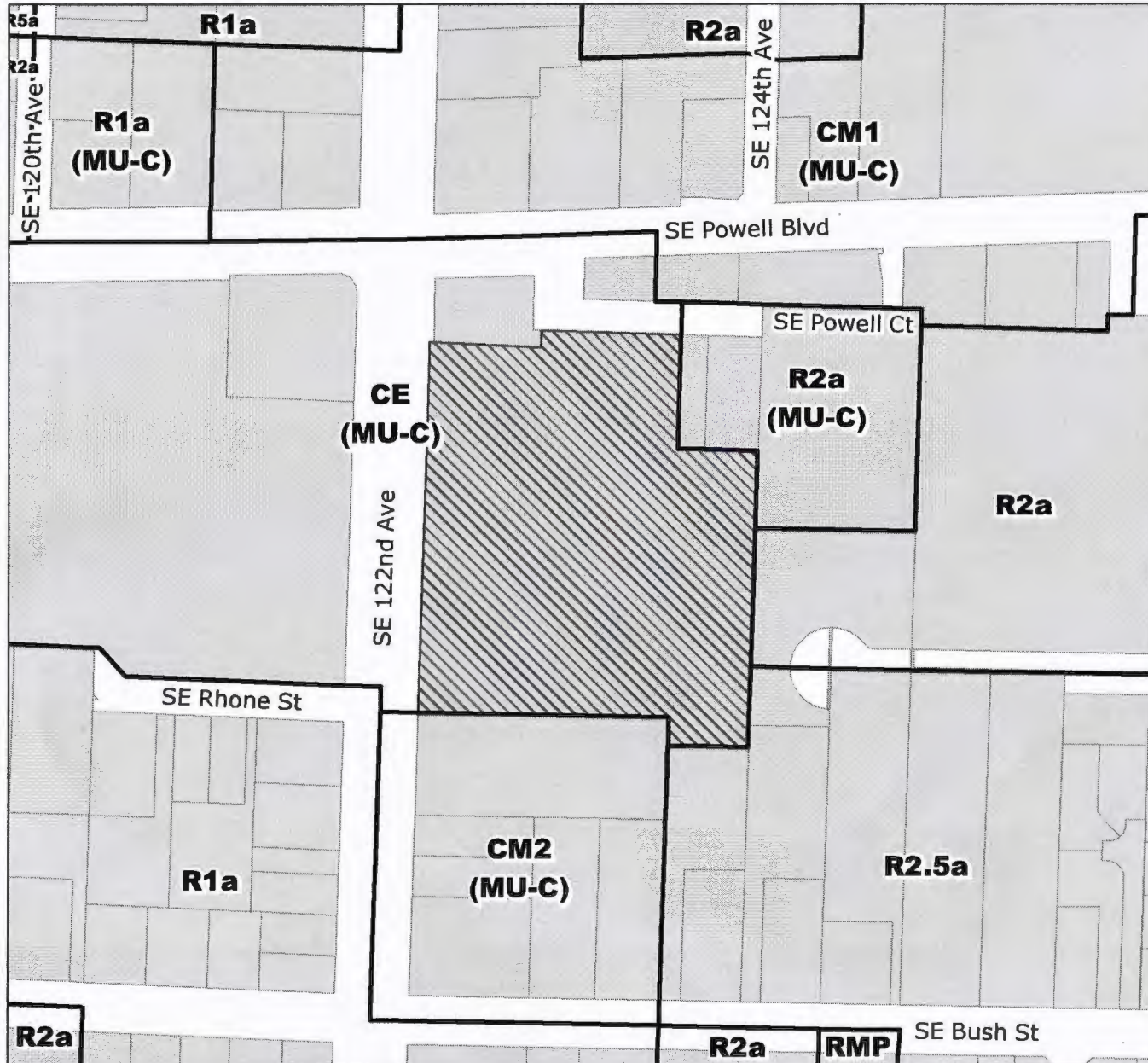
5038237282

Contact Number

Signature of Official

11 /26 /2018

Date



0 100 200 400 600 800 Feet

1 inch = 200 feet

