



LIQUOR LICENSE APPLICATION

Portland 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	_____
<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</i>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	<i>NOV 26 2018</i>
<input type="checkbox"/> Full On-Premises, Other Public Location	<i>PD CK \$100.00</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<i># 1124</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	OLCC USE ONLY
<input type="checkbox"/> Grower Sales Privilege 1 st location	Date application received:
<input type="checkbox"/> Grower Sales Privilege 2 nd location	_____ <i>11-2-18</i>
<input type="checkbox"/> Grower Sales Privilege 3 rd location	By: <i>[Signature]</i>
<input type="checkbox"/> Limited On-Premises	Date application accepted as initially complete:
<input checked="" type="checkbox"/> Off-Premises	_____ <i>11-5-18</i>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <i>[Signature]</i>
<input type="checkbox"/> Warehouse	License Action(s): <i>n/o</i>
<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):

Neighborhood Gents LLC
(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY RECEIVED NOV 26 2018 Initials: <i>[Signature]</i> Oregon Liquor Control Commission	OLCC FINANCIAL SERVICES USE ONLY
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LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Neighborhood Bents LLC</i> <i>John Ricci</i>		Applicant #2 <i>Eli Johnson</i>	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Atlas Pizza</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>6535 SE Foster Rd.</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97206</i>	
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 <i>Not sure</i>			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) <i>7426 SE Ellis</i>			
City <i>Portland</i>	State <i>Oregon</i>	Zip Code <i>97206</i>	
9. Phone Number of the Business Location <i>503-232-3004</i>		Email Contact for this Application <i>johnnyandeli@gmail.com</i>	
Contact Person for this Application <i>John S Ricci</i>		Phone Number <i>503-453-7572</i>	
Mailing Address <i>7426 SE Ellis</i>	City <i>Portland</i>	State <i>Or</i>	Zip Code <i>97206</i>

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.

[Signature]

(Applicant #1)

[Signature]

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Neighborhood Gents LLC Phone: 503 232 3004

Trade Name (dba): Atlas Pizza

Business Location Address: 6535 SE Foster ~~3570 SE Foster~~ ~~710 N Killingsworth~~
97206 ~~97202~~ ~~97217~~

City: Portland ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>2-</u>	to	<u>2:30</u>
Monday	<u>2</u>	to	<u>2:30</u>
Tuesday	<u>2</u>	to	<u>2:30</u>
Wednesday	<u>2</u>	to	<u>2:30</u>
Thursday	<u>2</u>	to	<u>2:30</u>
Friday	<u>2</u>	to	<u>2:30</u>
Saturday	<u>2</u>	to	<u>2:30</u>

Outdoor Area Hours:

Sunday	<u>2</u>	to	<u>7:30</u>
Monday	<u>2</u>	to	<u>2:30</u>
Tuesday	<u>2</u>	to	<u>2:30</u>
Wednesday	<u>2</u>	to	<u>2:30</u>
Thursday	<u>2</u>	to	<u>2:30</u>
Friday	<u>2</u>	to	<u>2:30</u>
Saturday	<u>2</u>	to	<u>2:30</u>

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:

<input type="checkbox"/> Live Music	<input type="checkbox"/> Karaoke
<input checked="" type="checkbox"/> Recorded Music	<input checked="" type="checkbox"/> Coin-operated Games
<input type="checkbox"/> DJ Music	<input type="checkbox"/> Video Lottery Machines
<input type="checkbox"/> Dancing	<input type="checkbox"/> Social Gaming
<input type="checkbox"/> Nude Entertainers	<input type="checkbox"/> Pool Tables
	<input type="checkbox"/> 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: 49 Outdoor: 40

Lounge: 65 Other (explain): _____

Banquet: _____ Total Seating: _____

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: 11.2.18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1001463-98

Please Print or Type

LLC Name: Neighborhood Gents LLC Year Filed: 2014 ✓

Trade Name (dba): Atlas Pizza

Business Location Address: ~~3570 SE Division 97202~~ ~~710 N Killingsworth 97217~~
6535 SE Foster RD. 97206

City: Portland OR ZIP Code: 97206

List Members of LLC:

Percentage of Membership Interest:

1. John Ricci
(managing member)

50 %

2. El. Johnson
(members)

50 %

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: 12/18/77

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

Signature: (name) Co-owner (title) Date: 11/2/2014

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: Neighborhood Gents LLC

DBA OR TRADE NAME: Atlas Pizza / 5 and Dine PHONE: 503-232-3064 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 6535 SE Foster Road, Portland Or. 97206

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

CONTACT PERSON: Eli Johnson PHONE: 503-969-0607 EMAIL: johnnyandeli@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---------------------------------------|
| <input checked="" 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: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 44 LOUNGE SEATING CAPACITY: 65 OUTSIDE SEATING CAPACITY: 40

DESCRIBE SECURITY: Licensed Bartenders, servers and managers that have received OLCC training. HD Security Cameras

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: 2 pm CLOSE: 2:30 am FRIDAY & SATURDAY OPEN: 2 pm CLOSE: 2:30 am

HOW LATE WILL THERE BE OUTSIDE SEATING? 2:30 am HOW LATE WILL THERE BE ENTERTAINMENT? There will be

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: O'Malley's

NAME & ADDRESS OF PROPERTY OWNER: Peter J Gorman, 7305 SE Woodstock, Portland Or 97206

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 checked="" 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 503-865-2438. 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: 11/1/2014



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: 6529-6535 SE FOSTER RD

R#: R108447

State ID: 1S2E17BB 1200

Zone: **CM2 m**

Plan District: *NONE*

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2 m zone

Additional Comments:

Retail Sales and Service uses are allowed within the CM2 (Commercial Mixed Use 2) zone.

Brandon Rogers

Name of City Official

City Planner

Title

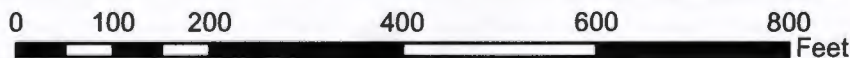
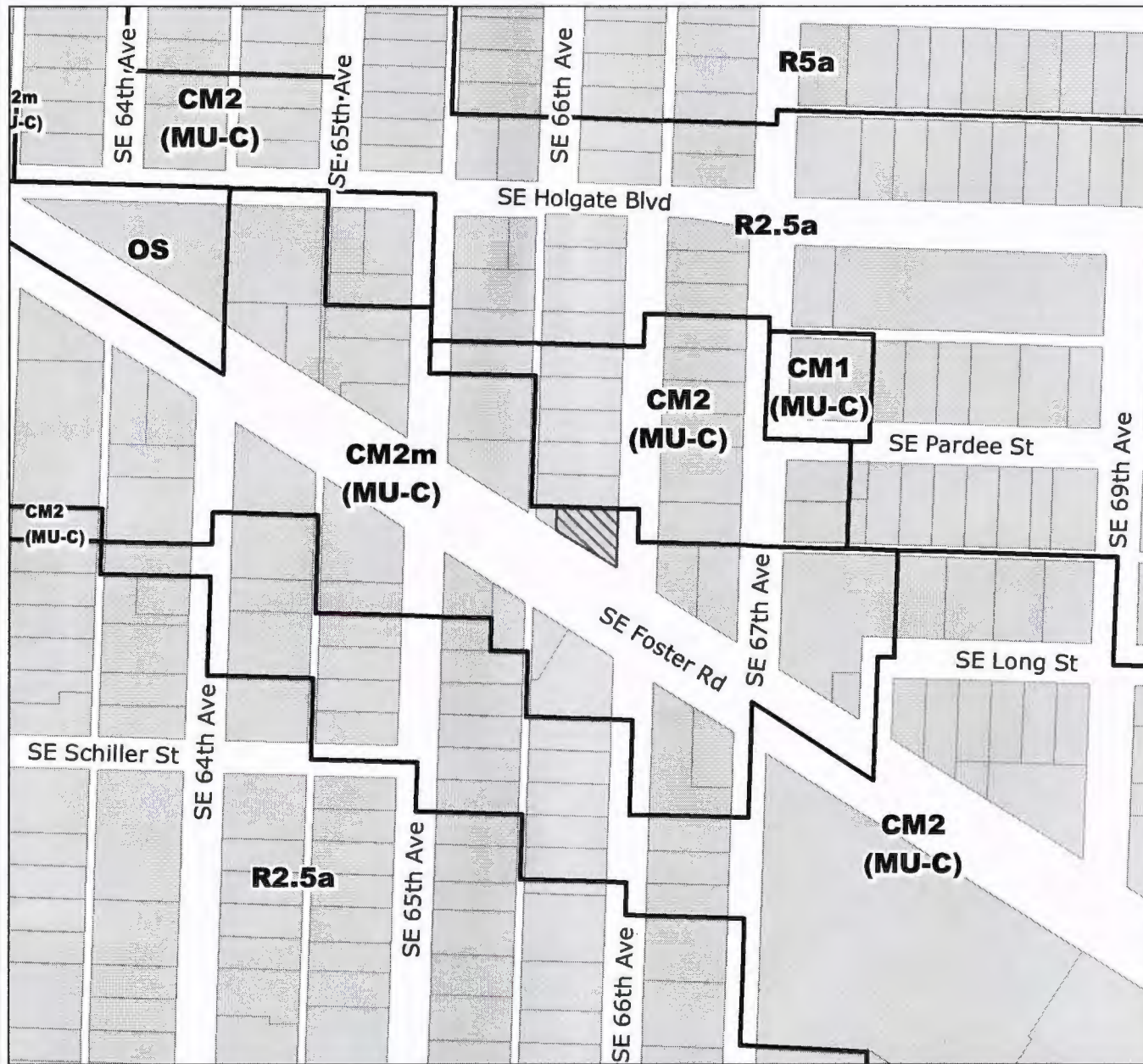
503-823-7300

Contact Number

Signature of Official

11 /26 /2018

Date



1 inch = 200 feet

