



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

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:

<p>License Applied For:</p> <input type="checkbox"/> Brewery 1 st Location <input type="checkbox"/> Brewery 2 nd Location <input type="checkbox"/> Brewery 3 rd Location <input type="checkbox"/> Brewery-Public House 1 st location <input type="checkbox"/> Brewery-Public House 2 nd location <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	<p>CITY AND COUNTY USE ONLY</p> <p>Date application received: Rec'd by Portland Liquor Licenses</p> <hr/> <p>Name of City or County: NOV 28 2018 PD CK \$75.00 # 2549</p> <hr/> <p>Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By: _____</p> <p>Date: _____</p> <hr/> <p style="text-align: center;">OLCC USE ONLY</p> <p>Date application received: _____</p> <p>By: _____</p> <p>Date application accepted as initially complete: _____</p> <p>By: _____</p> <p>License Action(s): <u>1 location 2 Privilege</u></p>
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L 52498

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

Fried Egg Im In Love (Krause Foods LLC)
(Applicant #1)

Jace Krause
(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY

RECEIVED

NOV 28 2018

Initials: [Signature]
Oregon Liquor Control Commission

OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Krause Foods LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Fried Egg I'm In Love</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>3549 SE Hawthorne Blvd.</i>			
City <i>Portland</i>	County <i>MULT CO</i>	Zip Code <i>97214</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			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) <i>3639 SE 74th Ave PDX OR 97206</i>			
City	State	Zip Code	
9. Phone Number of the Business Location <i>503 610 6605 (3447)</i>		Email Contact for this Application <i>friedegglove@gmail.com</i>	
Contact Person for this Application <i>Jace Krause</i>		Phone Number <i>253 278 2122</i>	
Mailing Address <i>Same as #8</i>	City	State	Zip Code

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.

Jace Krause

(Applicant #1)

Jace Krause

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type Krause Foods LLC
Applicant Name: Jeff Krause Phone: 503-610-3447
Trade Name (dba): Fried Egg Im In Love
Business Location Address: 3549 SE HANCOCK BLVD
City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8a to 4p
Monday 8a to 4p
Tuesday 8a to 4p
Wednesday 8a to 4p
Thursday 8a to 4p
Friday 8a to 4p
Saturday 4p to 4p

Outdoor Area Hours:

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

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
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 5a to 4a
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: 35 Outdoor:
Lounge: 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: Date: 11-6-18



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

829770-92

Please Print or Type

LLC Name: KRAUSE FOODS LLC Year Filed: 2012 ✓

Trade Name (dba): Fried Egg Inn

Business Location Address: 3639 SE 74th AVE

City: PORTLAND ZIP Code: 97206

List Members of LLC:

Percentage of Membership Interest:

1. <u>Jace Krause</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: Jace Krause DOB: 9-30-81

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

Signature: [Signature] CEO, OWNER Date: 11-7-18
(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: KRAUSE FOODS LLC

DBA OR TRADE NAME: Fried Egg In A Lava PHONE: 23 503 610 6665 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 3549 SE HAWTHORNE BLVD

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

CONTACT PERSON: Jace Krause PHONE: 253 778 2122 EMAIL: friedegglove@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: 475 sq/ft

EXISTING BUILDING: Yes No

ZONING: Comm

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 35 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 8

DESCRIBE SECURITY: CAMERAS, ALARMS

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: 11:00 8a CLOSE: 4p FRIDAY & SATURDAY OPEN: 11:00 8a CLOSE: 4p

HOW LATE WILL THERE BE OUTSIDE SEATING? 4p HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: BLUE STAR DOWNS

NAME & ADDRESS OF PROPERTY OWNER: Randy Sacks cc Dave Schacht 1532 SW Morrison St Portland OR 97205

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: _____ DATE: 11-25-18



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: 3545-3553 SE HAWTHORNE BLVD

R#: R280932

State ID: 1S1E01AC 12400

Zone: CM2dm(MU-U),R2.5

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2dm(MU-U),R2.5 zone

Additional Comments:

Per 33.130.100, Primary Uses, and Table 130-1, Retail Sales & Service uses are allowed by right in the CM2 zone.

Katie Moore

Name of City Official

City Planner

Title

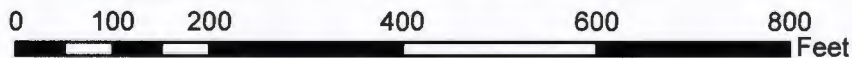
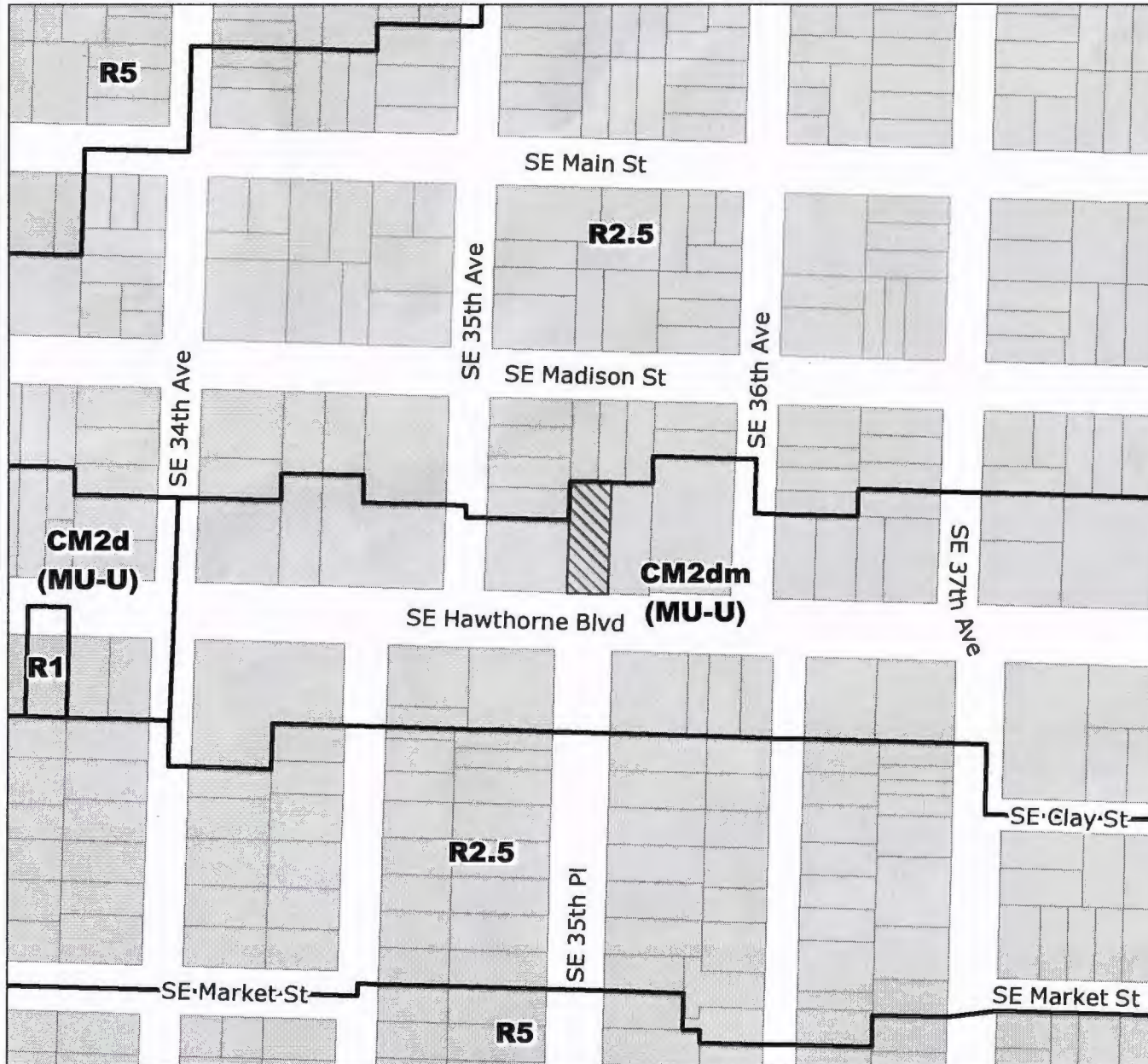
503-823-7344

Contact Number

Signature of Official

11 /28 /2018

Date



1 inch = 200 feet

N

