



LIQUOR LICENSE APPLICATION

DM

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input checked="" type="checkbox"/> Limited On-Premises</p> <p><input type="checkbox"/> Off-Premises</p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p> <hr/> <p align="center">OLCC USE</p> <p>Application received by <u>[Signature]</u></p> <p>Date <u>10-22-18</u></p> <p>License Action: <u>n/o</u></p>
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1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 Brazilian Specialty Coffees, LLC	Applicant #2	<i>Rec'd by Portland Liquor Licenses</i> NOV 29 2018 <i>PD \$100 c/c</i> <i># 1691</i>	
Applicant #3	Applicant #4		
2. Trade Name of the Business (the name customers will see): Nossa Familia Coffee			
3. Business Location: Number and Street 1633 SE 3rd Ave			
City Portland	County Multnomah	ZIP 97214	
4. Is the business at this location currently licensed by the OLCC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route 3530 NW Saint Helens Rd			
City Portland	State OR	ZIP 97210	
6. Phone Number of the Business Location: 503.719.6605			
7. Contact Person for this Application:			
Name Geoff LeCoq		Phone Number 503.453.0717	
Mailing Address, City, State, ZIP 3530 NW Saint Helens Rd, Portland, OR 97210			
Email geoff@nossacoffee.com			
I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.			
Signature of Applicant #1 <u>[Signature]</u>		Signature of Applicant #2	
Signature of Applicant #3		Signature of Applicant #4	

RECEIVED
AUG 27 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: BRAZILIAN SPECIALTY COFFEES, LLC Phone: 503 719 6605

Trade Name (dba): NOSSA FAMILIA COFFEE

Business Location Address: 1633 SE 3^{1/2} AVE

City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7 AM to 7 PM
 Monday 6 AM to 7 PM
 Tuesday 6 AM to 7 PM
 Wednesday 6 AM to 7 PM
 Thursday 6 AM to 7 PM
 Friday 6 AM to 7 PM
 Saturday 7 AM to 7 PM

Outdoor Area Hours:

Sunday 7 AM to 7 PM
 Monday 6 AM to 7 PM
 Tuesday 6 AM to 7 PM
 Wednesday 6 AM to 7 PM
 Thursday 6 AM to 7 PM
 Friday 6 AM to 7 PM
 Saturday 7 AM to 7 PM

The outdoor area is used for:

- Food service Hours: 6 AM to 7 PM
 Alcohol service Hours: 6 AM to 7 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 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 _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 18 Outdoor: 10
 Lounge: _____ Other (explain): LOBBY, 10
 Banquet: _____ Total Seating: 38

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: 8/16/14

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

235750-95

Please Print or Type

LLC Name: Brazilian Specialty Coffees, LLC Year Filed: 2004 ✓

Trade Name (dba): Nossa Familia Coffee

Business Location Address: 3530 NW Saint Helens Rd

City: Portland ZIP Code: 97210

List Members of LLC:

Percentage of Membership Interest:

1. SEE ATTACHED
(managing member)

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: _____ DOB: _____

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

Signature: Augusto Carrasco AKA MANAGING Date: 8/17/18
(name) (title) MEMBER

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: BRAZILIAN SPECIALTY COFFEES, LLC
DBA OR TRADE NAME: NOSSA FAMILIA COFFEE PHONE: 5037196605 FAX: N/A
BUSINESS ADDRESS (Including ZIP Code): 3530 NW SAINT HELENS RD, PORTLAND, OR 97210
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET, BEER/WINE
CONTACT PERSON: GEORGE LECOR PHONE: 5037196605 EMAIL: GEORGE@NOSSACOFFEE.COM

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1000 SF
EXISTING BUILDING: Yes No
ZONING: COMMERCIAL
STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 20 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 10

DESCRIBE SECURITY: Two baristas working @ all times

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: 7:00 CLOSE: 1700 FRIDAY & SATURDAY OPEN: 700 CLOSE: 1700
HOW LATE WILL THERE BE OUTSIDE SEATING? 1700 HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A
NAME & ADDRESS OF PROPERTY OWNER: MILLIAN-PACIFIC, 101 E. 6th ST., VANCOUVER, WA 98660

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: 11/13/18



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: 1615 SE 3RD AVE

R#: R275781

State ID: 1S1E03DA 1900

Zone: IG1

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the IG1 zone

Additional Comments:

Retail sales and service use up to 5,000 sf is allowed on this site.

Andy Gulizia

Name of City Official

City Planner

Title

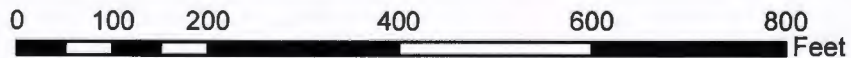
503-823-7010

Contact Number

Signature of Official

10 /12 /2018

Date



1 inch = 200 feet

