



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:

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	
<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	

F / 3873

Rec'd by Portland
Liquor Licenses

DEC 05 2018
 PD CC \$7500
 # 054918

OLCC USE ONLY
Date application received: _____
By: <u>JA</u> 11-13-18
Date application accepted as initially complete: _____
By: <u>JA</u> 11-25-18
License Action(s): c/o c/tn

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

KETTENS 4 LYFE, LLC
(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

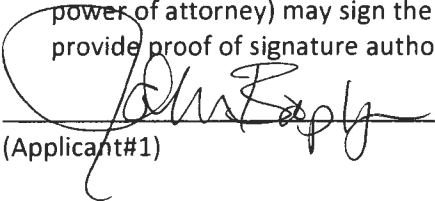
3. Applicant #1 Kettens 4 Lyfe, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) BABY KETTEN KLUB			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2433 SE Powell Blvd. 800			
City Portland	County Multnomah	Zip Code 97202	
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) 2812 SE Francis St.			
City Portland	State Oregon	Zip Code 97202	
9. Phone Number of the Business Location 503 200-0000		Email Contact for this Application Dimkeal@gmail.com	
Contact Person for this Application John Brophy		Phone Number 503 200-0000	
Mailing Address 2812 SE Francis St.	City Portland	State OR	Zip Code 97202

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: KETTENS 4 LYFE, LLC Phone: 503 200-0000

Trade Name (dba): Baby Ketten Klub

Business Location Address: 2433 SE Powell Blvd.

City: Portland ZIP Code: 97207

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 5 pm to 2:30 am
Monday 5 pm to 2:30 am
Tuesday 5 pm to 2:30 am
Wednesday 5 pm to 2:30 am
Thursday 5 pm to 2:30 am
Friday 5 pm to 2:30 am
Saturday 5 pm to 2:30 am

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 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 9 pm to 2:15 am
Monday 9 pm to 2:15 am
Tuesday 9 pm to 2:15 am
Wednesday 9 pm to 2:15 am
Thursday 9 pm to 2:15 am
Friday 9 pm to 2:15 am
Saturday 9 pm to 2:15 am

SEATING COUNT

Restaurant: 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: 11/20/2018

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1488040-99

Please Print or Type

LLC Name: KETTENS 4 LYFE, LLC Year Filed: 2018 ✓

Trade Name (dba): BABY KETTEN KLUB

Business Location Address: 2433 SE Powell Blvd. ~~100~~ Portland, OR 97202

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. John Neil Brophy
(managing member)

90%

2. Edward Michael Burch
(members)

10%

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: John Neil Brophy DOB: 07-10-1975

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

Signature: [Signature]
(name)

Member
(title)

Date: 11-04-18

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: Kettens 4 Lyfe, LLC

DBA OR TRADE NAME: Baby Ketter Klub PHONE: 503 200 - 0000 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 2433 SE Powell Blvd. Portland, OR 97202

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

CONTACT PERSON: John Brophy PHONE: 503 200 - 0000 EMAIL: John@babyketter.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

Food Cart Night Club

Restaurant Sports Bar

Convenience Store Other: Karaoke

SIZE OF SERVICE AREA: 2500 sq. ft.

EXISTING BUILDING: Yes No

ZONING: commercial

STRUCTURAL CHANGES (DESCRIBE): Dividing walls

RESTAURANT SEATING CAPACITY: 37 LOUNGE SEATING CAPACITY: 12 OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: Multi camera system (16) alarm - American vetran security

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: 5 PM CLOSE: 2:30 FRIDAY & SATURDAY OPEN: 5 PM CLOSE: 2:30

HOW LATE WILL THERE BE OUTSIDE SEATING? None HOW LATE WILL THERE BE ENTERTAINMENT? 2:15

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: BC's Bar and Grill

NAME & ADDRESS OF PROPERTY OWNER: Hristos Koukamanos, P.O. ~~80700~~ 86770 Portland OR 97286

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: John Brophy DATE: 12-05-18



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: 2433-2443 SE POWELL BLVD

R#: R122769

State ID: 1S1E11AD 5900

Zone: **CM2(MU-C)**

Plan District: **NONE**

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2(MU-C) zone

Additional Comments:

Per 33.130.100, Table 130-1, Retail Sales & Service uses are allowed by right in the CM2 zone. No additional restrictions are imposed by the Plan District or Overlay Zone.

JP McNeil

Name of City Official

City Planner

Title

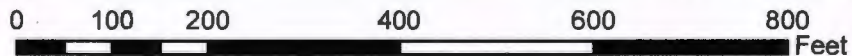
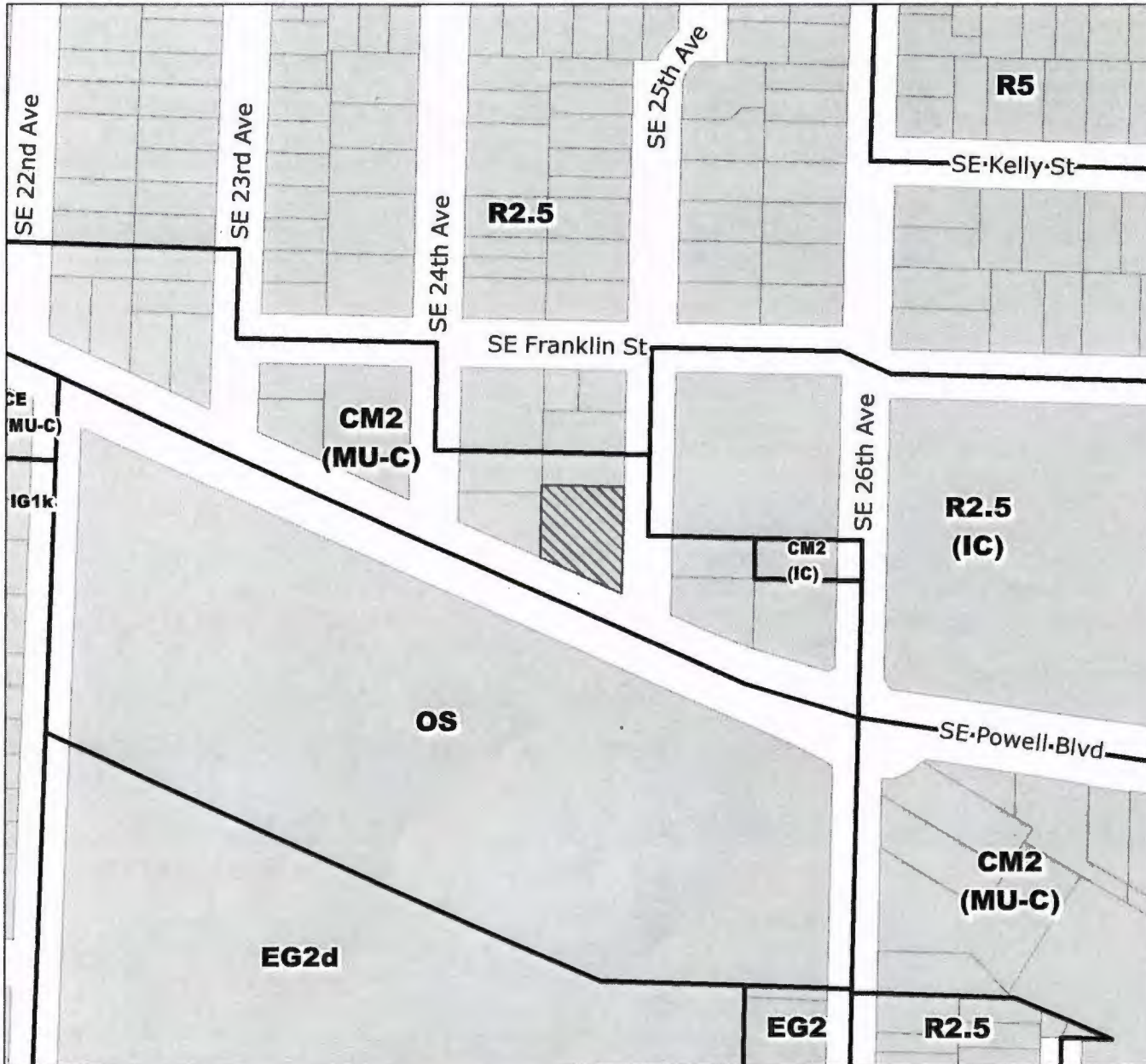
503-823-5398

Contact Number

Signature of Official

12 / 5 / 2018

Date



1 inch = 200 feet

