



LIQUOR LICENSE APPLICATION

Pending DM

LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time). APPLICATION: Application is being made for: <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input 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, Nonprofit Private Club <input type="checkbox"/> Full On-Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input checked="" 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 (WMBW) <input type="checkbox"/> Winery	CITY AND COUNTY USE ONLY Date application received _____ Name of City or County _____ Recommends this license be ___ Granted ___ Denied By _____ Date _____
	OLCC USE Application received by <u>[Signature]</u> Date <u>12-4-18</u> License Action: <u>n/o</u>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		<i>Rec'd by Portland Liquor Licenses</i> DEC 20 2018 <i>PD # 100-ck</i> <i># 1003</i>
Applicant #1 Giraffe LLC	Applicant #2	
Applicant #3	Applicant #4	
2. Trade Name of the Business (the name customers will see): Giraffe		
3. Business Location: Number and Street 81 SE Yamhill St		
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 1430 SE Water Ave, Ste 103		
City Portland	State OR	ZIP 97214
6. Phone Number of the Business Location: 503-309-9274		
7. Contact Person for this Application:		
Name Gabe Rosen	Phone Number 503-309-9274	
Mailing Address, City, State, ZIP 1430 SE Water Ave, Ste 103, Portland OR 97214		
Email gabe@noranekoramen.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	



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Giraffe LLC Phone: 503-309-9274

Trade Name (dba): Giraffe

Business Location Address: 81 SE Yamhill St

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11</u>	to	<u>7</u>
Monday	<u>11</u>	to	<u>7</u>
Tuesday	<u>11</u>	to	<u>7</u>
Wednesday	<u>11</u>	to	<u>7</u>
Thursday	<u>11</u>	to	<u>7</u>
Friday	<u>11</u>	to	<u>7</u>
Saturday	<u>11</u>	to	<u>7</u>

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:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" type="checkbox"/> Recorded Music | <input 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: 9 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 9

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: 9-10-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1484826-98

Please Print or Type

LLC Name: Giraffe LLC Year Filed: 2018 ✓

Trade Name (dba): Giraffe

Business Location Address: 81 SE Yamhill St

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

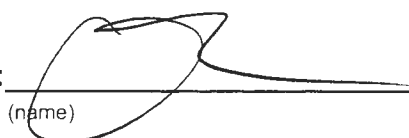
1. Gabe Rosen (managing member)	50
2. Kana Hinohara (members)	50
3.	
4.	
5.	
6.	

(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: Gabe Rosen DOB: 04/10/76

SE 5/30/17

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

Signature:  (name) Owner (title) Date: 8.10.18

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: Giraffe LLC

DBA OR TRADE NAME: Giraffe PHONE: 503-449-8346 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 81 SE Yamhill St, Portland, OR 97214

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

CONTACT PERSON: Gabe Rosen PHONE: 503-309-9274 EMAIL: gabe@noranekoramen.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 428 SF

EXISTING BUILDING: Yes No

ZONING: IG1

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 8 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: N/A

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: 8 AM CLOSE: 11 pm FRIDAY & SATURDAY OPEN: 8 AM CLOSE: 11 pm

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: 81 SE YAMHILL INVESTORS LLC, 75 SE Yamhill St #201, Portland, OR 97214

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 DEC 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: 81 SE YAMHILL ST

R#: R149888

State ID: 1S1E03AA 5800

Zone: IG1

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is a LIMITED use in the IG1 zone

Additional Comments:

Per 33.510.119.C.3.a.1, in the IG1 zone, Retail Sales and Service uses in the Central Eastside Subdistrict of the Central City Plan District are allowed up to 5,000 square feet of building area and exterior storage and display area on sites this size. This supercedes the limitations on this use from the base zone chapter 33.140

Thomas Soppe

Name of City Official

City Planner

Title

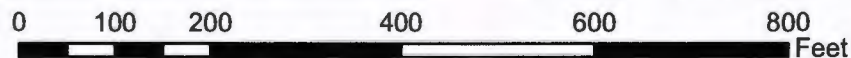
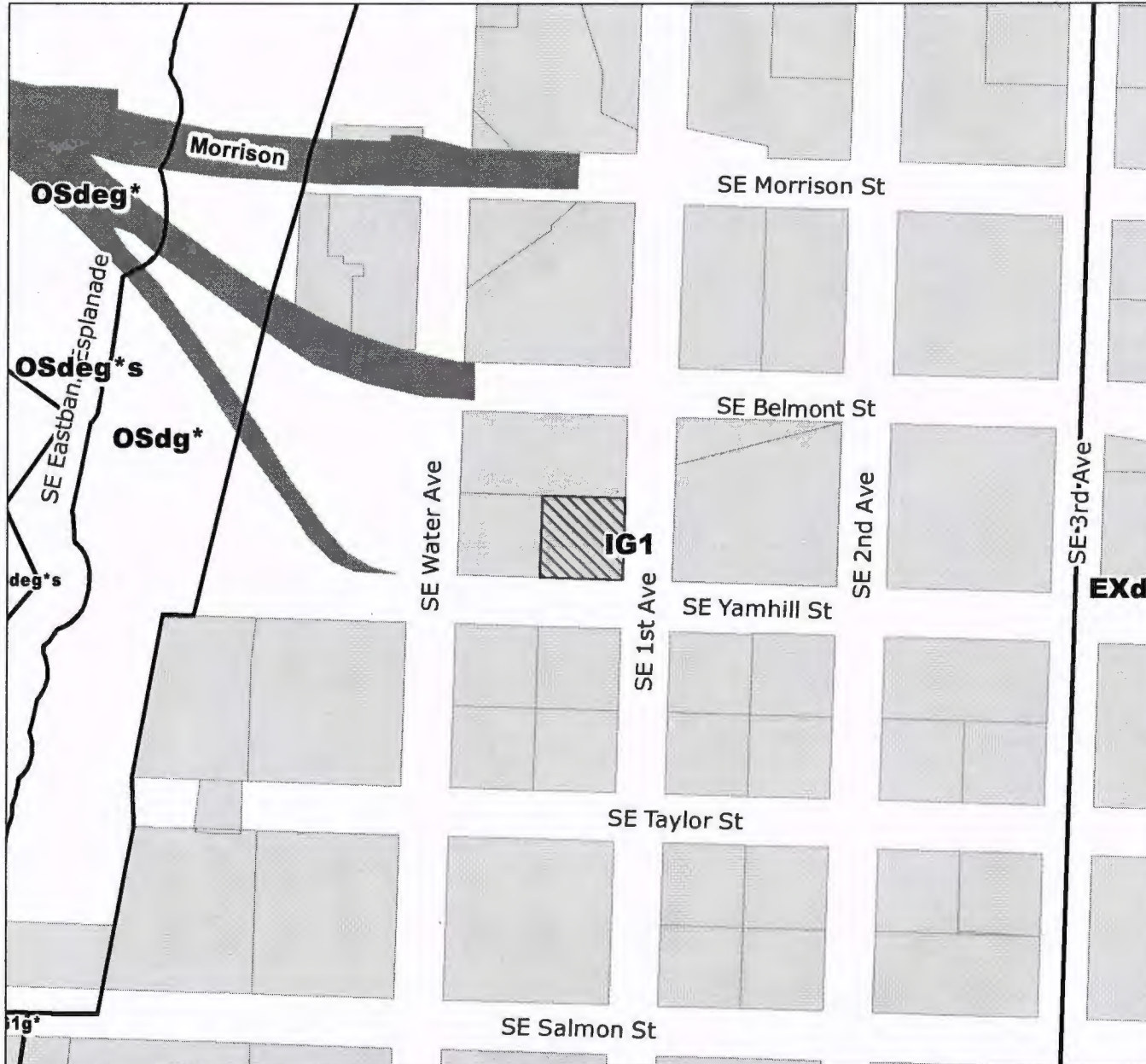
503-823-7908

Contact Number

Signature of Official

12 /17 /2018

Date



1 inch = 200 feet

