



# LIQUOR LICENSE APPLICATION

*pending*

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 <sup>st</sup> Location	Date application received:
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	_____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	_____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Distillery	By: _____
<input type="checkbox"/> Full On-Premises, Commercial	Date: _____
<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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	
<input 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	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	

Rec'd by Portland  
Liquor Licenses  
DEC 20 2018  
PD @ 75.00  
# 105320

### OLCC USE ONLY

Date application received: 11-28-18

By: [Signature]

Date application accepted as initially complete: 12-4-18

By: [Signature]

License Action(s): A/Privilege

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

[Signature] Yonnas Gilma Enterprise, LLP

(Applicant #1) (Applicant #2)

\_\_\_\_\_  
(Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>NOV 29 2018</p> <p>Initials: <u>[Signature]</u></p> <p>Oregon Liquor Control Commission</p>	



# LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Rahel Yilma</i>	Applicant #2 <i>Yonnas Yilma Enterprise, LLP</i>
Applicant #3	Applicant #4

4. Trade Name of the Business (Name Customers Will See)  
*Sengatera Ethiopian Restaurant*

5. Business Address (Number and Street Address of the Location that will have the liquor license)  
*3833 NE MIX Blvd*

City <i>PORTLAND</i>	County <i>Multnomah</i>	Zip Code <i>97212</i>
-------------------------	----------------------------	--------------------------

6. Does the business address currently have an OLCC liquor license?  YES  NO

7. Does the business address currently have an OLCC marijuana license?  YES  NO

8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail)

City	State	Zip Code
------	-------	----------

9. Phone Number of the Business Location *971-222-4324*      Email Contact for this Application

Contact Person for this Application *Ephrem Yilma*      Phone Number *971-222-4324*

Mailing Address <i>5802 N. Michigan Ave 26</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97217</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)

\_\_\_\_\_  
(Applicant #2)

\_\_\_\_\_  
(Applicant #3)

\_\_\_\_\_  
(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: YOUNAS YILMA ENTERPRISE LLP Phone: 971-222-4324

Trade Name (dba): SENGATERA ETHIOPIAN RESTAURANT

Business Location Address: 3232 NE MIK BLVD

City: PORTLAND OR ZIP Code: 97212

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12:00 to 10:00
Monday 5:00 to 10:00
Tuesday 12:00 to 10:00
Wednesday 5:00 to 10:00
Thursday 5:00 to 10:00
Friday 5:00 to 2:00
Saturday 12:00 to 2:00

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

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:

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



# OREGON LIQUOR CONTROL COMMISSION LIMITED PARTNERSHIP QUESTIONNAIRE

132836396

Please Print or Type

Partnership Name: YONNAS YILMA ENTERPRISE, LLP Year Filed: 2017 ✓

Trade Name (dba): SENGATERA ETHIOPIAN RESTAURANT *JR.*

Business Location Address: 3833 NE MARTIN LUTHER KING BLVD

City: PORTLAND ZIP Code: 972112 97212

### List Partners:

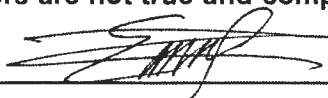
### Indicate if General Partner or Limited Partner:

- |                           |                |
|---------------------------|----------------|
| 1. <u>RAHEL G. YILMA</u>  | <u>GENERAL</u> |
| 2. <u>YONNAS G. YILMA</u> | <u>GENERAL</u> |
| 3. <u>EPHREM G. YILMA</u> | <u>GENERAL</u> |
| 4. _____                  | _____          |
| 5. _____                  | _____          |
| 6. _____                  | _____          |

(Note: If any partner is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire.)

Server Education Designee: EPHREM G. YILMA DOB: 06/30/1977

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

Partner Signature:  Date: 12/12/2017  
(name) (title)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: YONNYS YILMA ENTERPRISE LLP

DBA OR TRADE NAME: Sengatera Ethiopian Rest PHONE: 503-288-3787 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 3833 NE MLK Blvd Portland, OR 97212

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

CONTACT PERSON: Ephrem Yilma PHONE: 971-222-4324 EMAIL: FGYilma@gmail.com

### DESCRIPTION OF OUTLET

#### TYPE OF OPERATION (CHECK ALL THAT APPLY)

- |  |                                       |
|--|---------------------------------------|
| <input 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: 36 LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: \_\_\_\_\_

DESCRIBE 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: 5:00pm CLOSE: 10:00pm FRIDAY & SATURDAY OPEN: 5:00pm CLOSE: 2:00Am

HOW LATE WILL THERE BE OUTSIDE SEATING? \_\_\_\_\_ HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: \_\_\_\_\_

NAME & ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

### 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 type="checkbox"/> Video Games/Pinball      | <input 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 503-865-2488. 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: 12/19/18