



LIQUOR LICENSE APPLICATION

Pending DT

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:

- Brewery
- Brewery-Public House
- Distillery
- Full On-Premises, Commercial
- Full On-Premises, Caterer
- Full On-Premises, Passenger Carrier
- Full On-Premises, Other Public Location
- Full On-Premises, Nonprofit Private Club
- Full On-Premises, For-Profit Private Club
- Grower Sales Privilege
- Limited On-Premises
- Off-Premises
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine (WMBW)
- 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 [Signature]

Date 12-13-18

License Action: 410

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:

Applicant #1 <u>Bar 23 LLC</u>	Applicant #2
Applicant #3	Applicant #4

*Rec'd by Portland Liquor Licenses
DEC 20 2018
PD \$75 CC # 320251*

2. Trade Name of the Business (the name customers will see): Paradise Sports Bar + Cafe

3. Business Location: Number and Street 12423 NE Glisan ST
 City Portland County _____ ZIP 97230

4. Is the business at this location currently licensed by the OLCC? Yes No

5. Mailing Address (where the OLCC will send your mail): 1980 NE Springer CT
 PO Box, Number, Street, Rural Route
 City McMinnville State OR ZIP 97128

6. Phone Number of the Business Location: 503-253-3323

7. Contact Person for this Application:

Name <u>Juan Ariel Martin</u>	Phone Number <u>971-237-9195</u>
Mailing Address, City, State, ZIP <u>1980 NE Springer CT, McMinnville, OR 97128</u>	
Email <u>arielmartinmusic@gmail.com</u>	

I understand that marijuana (such as use, consumption, ingestion, inhalation, and and Tina @ wiltseybars.com) is prohibited on the licensed premises.

Signature of Applicant #1 <u>Ariel Martin</u>	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

and Tina @ wiltseybars.com

[Signature]



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bar 23 LLC Phone: 503-253-3823
Trade Name (dba): Paradise Sports Bar and Cafe
Business Location Address: 12423 NE Glisan ST
City: Portland ZIP Code: 97230

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 AM to 2:30 AM
Monday 11 AM to 2:30 AM
Tuesday 11 AM to 2:30 AM
Wednesday 11 AM to 2:30 AM
Thursday 11 AM to 2:30 AM
Friday 11 AM to 2:30 AM
Saturday 11 AM 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
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: Shuffleboard

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday 9 PM to 2 AM
Thursday 9 PM to 2 AM
Friday 9 PM to 2 AM
Saturday 9 PM to 2 AM

SEATING COUNT

Restaurant: 78 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: Grisel Martin Date: 11/21/2018

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1500009-91

Please Print or Type

DLCC - ACT up 11-30-18

LLC Name: Bar 23 LLC Year Filed: 2018 ✓

Trade Name (dba): Paradise Sports Bar and Cafe

Business Location Address: 12423 NE Glisan ST

City: Portland ZIP Code: 97230

List Members of LLC:

Percentage of Membership Interest:

1. Juan Ariel Martin
(managing member)

100%

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: Juan Ariel Martin DOB: 11/13/1980
SE 12/29/13

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

Signature: Juan Ariel Martin Date: 11/21/2018
(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: Bar 23 LLC

DBA OR TRADE NAME: Paradise Sports Bar and Cafe PHONE: 503-253-3323 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 12423 NE Glisan ST, Portland, OR 97230

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

CONTACT PERSON: Juan Ariel Martin PHONE: 971-237-9195 EMAIL: arielmartinmusic@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: 3,714 Square Feet

EXISTING BUILDING: Yes No

ZONING: CE

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 78 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: 11 AM CLOSE: 2:30 AM FRIDAY & SATURDAY OPEN: 11 AM CLOSE: 2:30 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? _____ HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Paradise Sports Bar and Cafe

NAME & ADDRESS OF PROPERTY OWNER: Mento Park Plaza LLC 4800 SW Macadam AVE
120, Portland, 97239

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): 3 Events (Describe): Radio Broadcast 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: Juan Ariel Martin DATE: 12/20/2018