



OREGON LIQUOR CONTROL COMMISSION

# 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 checked="" 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	

**OLCC USE ONLY**

Date application received: 12-4-18

By: [Signature]

Date application accepted as initially complete: 12-11-18

By: [Signature]

License Action(s): A/licensee 9TM

Rec'd by Portland  
Liquor Licenses  
PD # 1974-075-ck  
DEC 21 2018

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

The Botky Inc  
[Signature]  
(Applicant #1)

Sardine Head LLC  
Simon Lowry  
(Applicant #2)

Elizabeth White  
(Applicant #3)

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

**OLCC USE ONLY**

RECEIVED

DEC 04 2018

\_\_\_\_\_  
Oregon Liquor Control Commission

**OLCC FINANCIAL SERVICES USE ONLY**



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>The Bothy Inc</i> <i>Eloise Augustyn</i>		Applicant #2 <i>Sardine Head LLC</i> <i>Simon Lowry</i>	
Applicant #3 <i>Elizabeth White</i>		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Sweeedeedee // Sardine head</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>5202 north Albina Ave</i>			
City <i>Portland</i>	County <i>multnomah</i>	Zip Code <i>97217</i>	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>adding Entity</i>			
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) <i>Same as above</i>			
City	State	Zip Code	
9. Phone Number of the Business Location <i>503 946 8087</i>		Email Contact for this Application <i>eloaugustyn@gmail.com</i>	
Contact Person for this Application <i>Eloise Augustyn</i>		Phone Number <i>503 839 3228</i>	
Mailing Address <i>5707 ne 10th ave</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97211</i>

Rec'd by Portland  
Liquor Licenses  
DEC 21 2018  
PD # *575 ck*  
*1974*

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.

*Eloise Augustyn*  
\_\_\_\_\_  
(Applicant #1)

*Simon Lowry*  
\_\_\_\_\_  
(Applicant #2)

*Elizabeth White*  
\_\_\_\_\_  
(Applicant #3)

*Simon Lowry*  
\_\_\_\_\_  
(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type Sardine Head LLC
Applicant Name: Simon Lowrey Phone: 971-717-5808
Trade Name (dba): Sardine Head LLC
Business Location Address: 5202 N Albina Ave
City: Portland, OR ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 6pm to 12am, Monday 6pm to 12am, Tuesday to, Wednesday to, Thursday to, Friday 6pm to 12am, Saturday 6pm to 12am
Outdoor Area Hours: Sunday 6pm to 12am, Monday 6pm to 12am, Tuesday to, Wednesday to, Thursday to, Friday 6pm to 12am, Saturday 6pm to 12am
The outdoor area is used for: [X] Food service Hours: 6pm to 12am, [X] Alcohol service Hours: 6pm to 12am, [ ] Enclosed, how
The exterior area is adequately viewed and/or supervised by Service Permittees. (Investigator's Initials)

Seasonal Variations: [X] Yes [ ] No If yes, explain: The outdoor area is not used for food or alcohol service during winter.

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: 31 Outdoor: 8
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: 11/27/18



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1423260-99

Please Print or Type

LLC Name: Sardine Head LLC Year Filed: 2010 ✓

Trade Name (dba): Sardine Head LLC

Business Location Address: 5202 N. Albina Ave

City: Portland ZIP Code: 97217

List Members of LLC:

Percentage of Membership Interest:

1. Elizabeth White  
(managing member)

50%

2. Simon Lowry  
(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: Simon Lowry DOB: 10/02/88

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

Signature: [Signature] owner Date: 11/27/18  
(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: The Botky Inc // Sardine head LLC

DBA OR TRADE NAME: Sweedeede PHONE: 5038393228 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 5202 north albina Ave Portland OR

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Full on + off premises/comm.

CONTACT PERSON: Clare Augustyn PHONE: 503 839 3228 EMAIL: eloaugustyn@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: Commercial

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: 10

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: 9am CLOSE: 3p FRIDAY & SATURDAY OPEN: 8am - ~~11am~~ CLOSE: 12am

HOW LATE WILL THERE BE OUTSIDE SEATING? 8pm HOW LATE WILL THERE BE ENTERTAINMENT? n/a

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: sweedeede

NAME & ADDRESS OF PROPERTY OWNER: Eric Issacson 5202 north albina Ave Portland OR.

**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: dec 16 2018