



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

ML

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	_____
<input type="checkbox"/> Brewery 3 rd Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 st location	_____
<input type="checkbox"/> Brewery-Public House 2 nd location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 rd 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 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	OLCC USE ONLY
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	_____ 12-10-18
<input type="checkbox"/> Warehouse	By: _____
<input checked="" type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	_____ 12-21-18
<input type="checkbox"/> Winery 2 nd Location	By: _____
<input type="checkbox"/> Winery 3 rd Location	License Action(s): n/o

Rec'd by Portland
Liquor Licenses
DEC 28 2018
PD cc 100.00
028244

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

Great Sex Brewing, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>DEC 28 2018</p> <p>By: _____</p>	



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 Great Sex Brewing, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Great Sex Brewing, LLC			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 4629 SE 17th Street			
City Portland	County Multnomah	Zip Code 97202	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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) 4629 SE 17th Street			
City Portland	State Oregon	Zip Code 97202	
9. Phone Number of the Business Location 503-929-0094		Email Contact for this Application cantelman@aol.com	
Contact Person for this Application Glen Ellis		Phone Number 503-929-0094	
Mailing Address 4629 SE 17th Street	City Portland	State Oregon	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.

Glen Ellis

Digitally signed by Glen Ellis
DN: cn=Glen Ellis, o=Great Sex Brewing, LLC, ou
email=cantelman@aol.com, c=US
Date: 2018.11.30 11:21:02 -0800

(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Great Sex Brewing, LLC Phone: 503-929-0094

Trade Name (dba): Great Sex Brewing

Business Location Address: 4629 SE 17th Street, Unit 100

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

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

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)

* N/A - Applying for Wholesale License, no on Premises.

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: Glen Ellis Date: 12-01-2018

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1064527-90

Please Print or Type

LLC Name: Great Sex Brewing, LLC Year Filed: 2014 ✓

Trade Name (dba): Great Sex Brewing, LLC

Business Location Address: 4629 SE 17th Street

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. <u>Glen Ellis</u> (managing member)	<u>93.0%</u>
2. <u>Douglas Talbot</u> (members)	<u>3.5%</u>
3. <u>Jeffery Talbot</u>	<u>3.5%</u>
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: _____ DOB: _____

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

Signature: Glen Ellis Member Date: 11/30/2018
(name) (title)

1-800-452-OLCC (6522)

www.olcc.state.or.us

(rev. 8/11)

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: Great Sex Brewing LLC

DBA OR TRADE NAME: Same PHONE: 503-234-0800 FAX: 503-234-1797

BUSINESS ADDRESS (Including ZIP Code): 4629 SE 17th St Portland OR 97202 Space 100

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

CONTACT PERSON: Glen Ellis PHONE: 503-929-0294 EMAIL: Cantelman@AOL.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar Warehouse
 Convenience Store Other: Distributor

SIZE OF SERVICE AREA: Warehouse 1000 Sq Ft

EXISTING BUILDING: Yes No

ZONING: Industrial

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: NA LOUNGE SEATING CAPACITY: NA OUTSIDE SEATING CAPACITY: NA

DESCRIBE SECURITY: Cyclone Fencing Steel Doors

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: NA CLOSE: _____ FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

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: Cantel Industrial Properties

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

NO on premise consumption

A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Glen M Ellis DATE: 12-28-18



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: 4629 SE 17TH AVE

R#: R328394

State ID: 1S1E14AB 3900

Zone: IG1

Plan District:

Proposed Use: WHOLESALE

WHOLESALE is an ALLOWED use in the IG1 zone

Additional Comments:

Wholesale sales allowed use

Phil Nameny

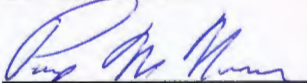
Name of City Official

City Planner

Title

503-823-7709

Contact Number


Signature of Official

12 /28 /2018

Date



0 100 200 400 600 800 Feet

1 inch = 200 feet

