



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 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	_____ <i>12-12-18</i>
<input type="checkbox"/> Warehouse	By: <i>JA</i>
<input checked="" type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	_____ <i>12-26-18</i>
<input type="checkbox"/> Winery 2 nd Location	By: <i>JA</i>
<input type="checkbox"/> Winery 3 rd Location	License Action(s): <i>n/o</i>

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

Herb Guru Brand LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

*Rec'd by Portland
Liquor Licenses*

JAN 04 2019

*PD #100 ck
* 1360*

OLCC USE ONLY RECEIVED <i>DEC 12 2018</i> Initials: <i>JA</i> Oregon Liquor Control Commission	OLCC FINANCIAL SERVICES USE ONLY
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LIQUOR LICENSE APPLICATION

3. Applicant #1 Herb Guru Brand LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Herb Guru Brand			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2539 SE 107th Ave Unit #1			
City Portland	County OR	Zip Code 97266	
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) 4804 NW Bethany Blvd, STE I-2 #229			
City Portland	State OR	Zip Code 97229	
9. Phone Number of the Business Location (971) 205-7791		Email Contact for this Application dingding@herbgurubrand.com	
Contact Person for this Application Dingding Wang		Phone Number 971-226-6906	
Mailing Address 16961 NW Madrone St	City Portland	State OR	Zip Code 97229

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.



(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Herb Guru Brand LLC Phone: 503-226-6906

Trade Name (dba): Herb Guru Brand

Business Location Address: 2539 SE 107th Ave

City: Portland ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
Monday 10:30 to 16:00
Tuesday 10:30 to 16:00
Wednesday 10:30 to 16:00
Thursday 10:30 to 16:00
Friday 10:30 to 16:00
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)

No Public Access

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: _____

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: [Signature] Date: 12/10/2018



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: Herb Guru Brand LLC Year Filed: 2015

Trade Name (dba): Herb Guru Brand

Business Location Address: 2539 SE 107th Ave

City: Portland ZIP Code: 97266

List Members of LLC:

Percentage of Membership Interest:

- 1. Dingding Wang
(managing member)
- 2. _____
(members)
- 3. _____
- 4. _____
- 5. _____
- 6. _____

100%

(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: [Handwritten Signature] Owner _____ Date: 12/10/2013
(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: Herb Guru Brand LLC

DBA OR TRADE NAME: Herb Guru Brand PHONE: 971-205-7791 FAX: 971-888-4610

BUSINESS ADDRESS (Including ZIP Code): 2539 SE 107th Ave unit #1 Portland OR 97229

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

CONTACT PERSON: Dingding Wang PHONE: 971-226-6909 EMAIL: dingding@herbgurubrand.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: _____ 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: 10:30 am CLOSE: 16:00 pm 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: Shuangxi Yang, ~~169th NW Madison St, Portland OR 97206~~

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: Wang DATE: 01/03/2019



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: 2539 SE 107TH AVE

R#: R244290

State ID: 1S2E10BB 200

Zone: CE(MU-C)

Plan District: JOHNSON CREEK

Proposed Use: MANUFACTURING AND PRODUCTION

MANUFACTURING AND PRODUCTION is a LIMITED use in the CE(MU-C) zone

Additional Comments:

Wholesale Sales are allowed in CE zone; each individual Industrial use is limited to 40,000 sf. Exterior storage is not allowed, per Table 130-1.

J. Malia Slusarenko

Name of City Official

City Planner

Title

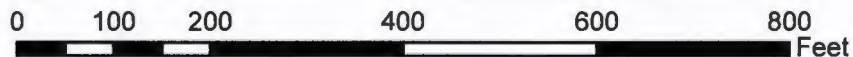
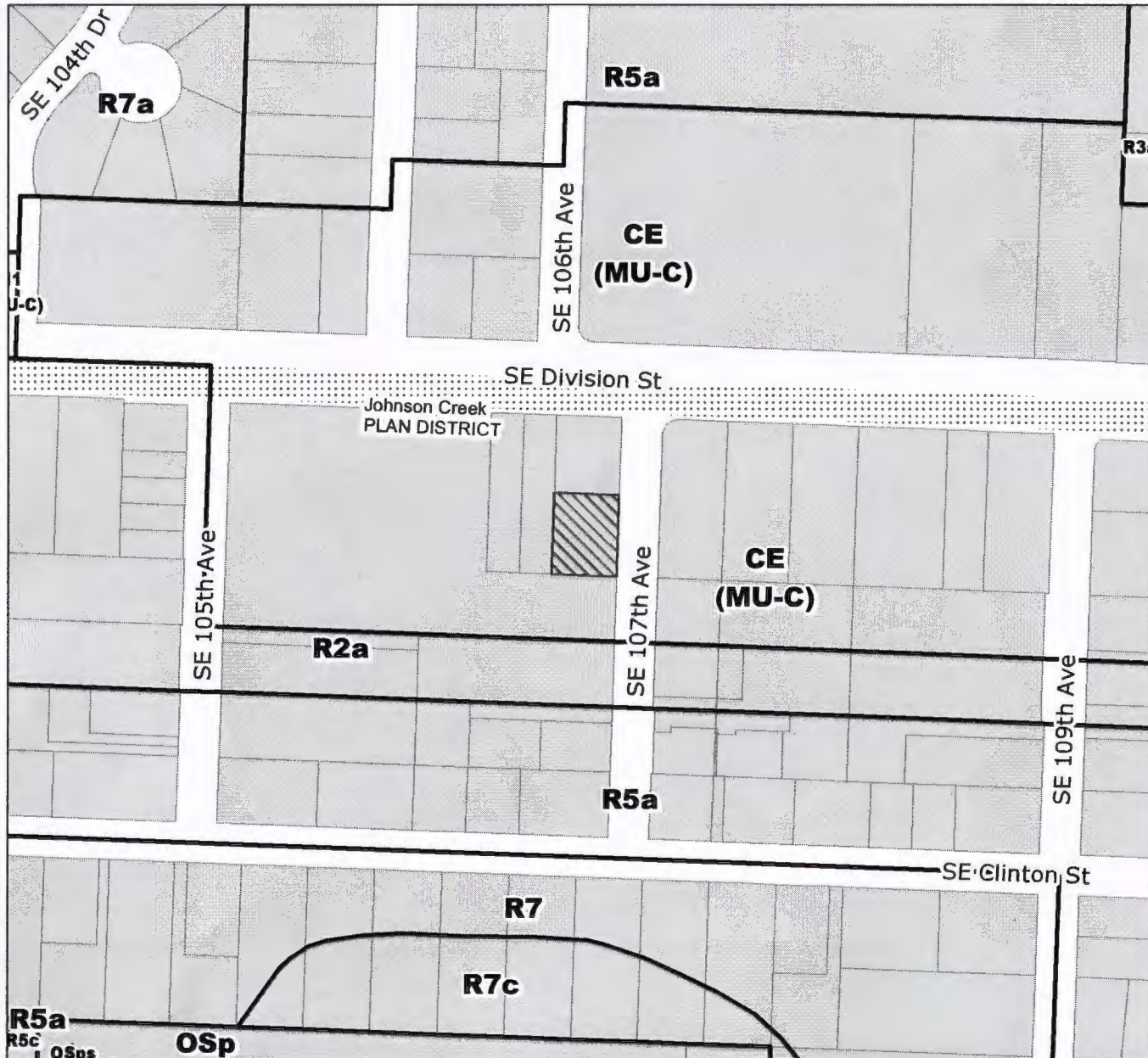
503-823-7353

Contact Number

J. Malia Slusarenko
Signature of Official

1 / 4 / 2019

Date



1 inch = 200 feet

