



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

*Pending DM*

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 checked="" type="checkbox"/> Limited On-Premises	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	12-4-18
<input type="checkbox"/> Warehouse	By: <i>[Signature]</i>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	12-14-18
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	By: <i>[Signature]</i>
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	License Action(s): n/o

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

~~Anna Von Rosenstiel~~ / CARTER & ROSE, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<i>[Signature]</i>	Rec'd by Portland Liquor Licenses JAN 4 2019 PD # <i>[Signature]</i> 177



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

3. Applicant #1 <del>Anna Von Rosenstiel</del> <i>Carter + Rose, LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Carter &amp; Rose</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>3601 SE Division St.</i>			
City <i>Portland</i>	County <i>Multhnomah</i>	Zip Code <i>97202</i>	
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) <i>2270 SE 34th Ave</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97214</i>	
9. Phone Number of the Business Location		Email Contact for this Application <i>hello@carterandrose.com</i>	
Contact Person for this Application <i>Anna Von Rosenstiel</i>		Phone Number <i>503 428 0932</i>	
Mailing Address <i>2270 SE 34th Ave</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97214</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]* *11/15/18* \_\_\_\_\_  
 (Applicant #1) (Applicant #2)

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



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type Carter & Rose, LLC  
Applicant Name: Anna Von Rosenstiel Phone: 503 428-0932  
Trade Name (dba): Carter & Rose  
Business Location Address: 3601 SE Division St.  
City: Portland, ZIP Code: 97202

**DAYS AND HOURS OF OPERATION**

<b>Business Hours:</b>	<b>Outdoor Area Hours:</b>	(Summer only) The outdoor area is used for:
Sunday <u>11</u> to <u>6</u>	Sunday _____ to _____	<input checked="" type="checkbox"/> Food service Hours: <u>4</u> to <u>9</u>
Monday <u>closed</u>	Monday _____ to _____	<input checked="" type="checkbox"/> Alcohol service Hours: <u>4</u> to <u>9</u>
Tuesday <u>11</u> to <u>9</u>	Tuesday _____ to _____	<input type="checkbox"/> Enclosed, how <u>gate</u>
Wednesday <u>11</u> to <u>6</u>	Wednesday _____ to _____	The exterior area is adequately viewed and/or supervised by Service Permittees.
Thursday <u>11</u> to <u>6</u>	Thursday _____ to _____	_____ (Investigator's Initials)
Friday <u>11</u> to <u>6</u>	Friday _____ to _____	
Saturday <u>11</u> to <u>6</u>	Saturday _____ to _____	

Seasonal Variations:  Yes  No If yes, explain: Open Monday's Nov. 15 - Dec. 31st. Outdoor is only open during the summer.

**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: 20 (seasonal)

Lounge: \_\_\_\_\_ Other (explain): work table 14

Banquet: \_\_\_\_\_ Total Seating: 34

**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: 11/28/18

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



105446694

Please Print or Type

LLC Name: CARTER & ROJE, LLC Year Filed: 2015 ✓

Trade Name (dba): \_\_\_\_\_

Business Location Address: 3601 SE DIVISION STREET

City: PORTLAND, OR ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. ANNA VON ROSENSTIEL  
(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: ANNA VON ROSENSTIEL DOB: 12/23/78

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

Signature: [Signature] OWNER Date: 12/13/18  
(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: CARTER & ROSE

DBA OR TRADE NAME: \_\_\_\_\_ PHONE: 503 428 0932 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 3601 SE DIVISION ST PORTLAND, OR 97202

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

CONTACT PERSON: ANNA VON ROSENSTIEL PHONE: 503-428-0932 EMAIL: hello@carterandrose.com

### DESCRIPTION OF OUTLET

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

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

SIZE OF SERVICE AREA: 700 sq./ft.

EXISTING BUILDING:  Yes

ZONING: COMMERCIAL

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

Rec'd by Portland  
Liquor Licenses  
JAN 14 2019  
PD \$100.00  
# 177

RESTAURANT SEATING CAPACITY: store: 14 LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: 20

DESCRIBE SECURITY: WE WILL HAVE 2-3 employees on site during events.

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: 11:00 CLOSE: 6:00 FRIDAY & SATURDAY OPEN: 11:00 CLOSE: 6:00

HOW LATE WILL THERE BE OUTSIDE SEATING? 9:30 pm HOW LATE WILL THERE BE ENTERTAINMENT? 9:00 pm

### HISTORY OF LOCATION

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

NAME & ADDRESS OF PROPERTY OWNER: ANNA VON ROSENSTIEL, PAUL + ELAINE VON ROSENSTIEL, DAVID LIZAOOLA

### 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): SMALL DINNER PARTIES  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: \_\_\_\_\_ DATE: 1/1/19



# 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: 3601 SE DIVISION ST

R#: R281902

State ID: 1S1E01DC 9400

**Zone: CM2dm(MU-U)**

**Plan District: DIVISION STREET**

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2dm(MU-U) zone

### Additional Comments:

Per 33.130.100, Table 130-1, Retail Sales & Service uses are allowed by right in the CM2 zone. No additional restrictions are imposed by the Plan District or Overlay Zone.

**Gina Tynan**

Name of City Official

**City Planner**

Title

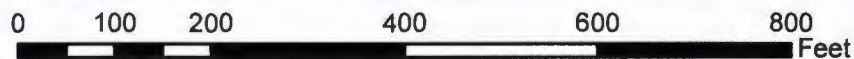
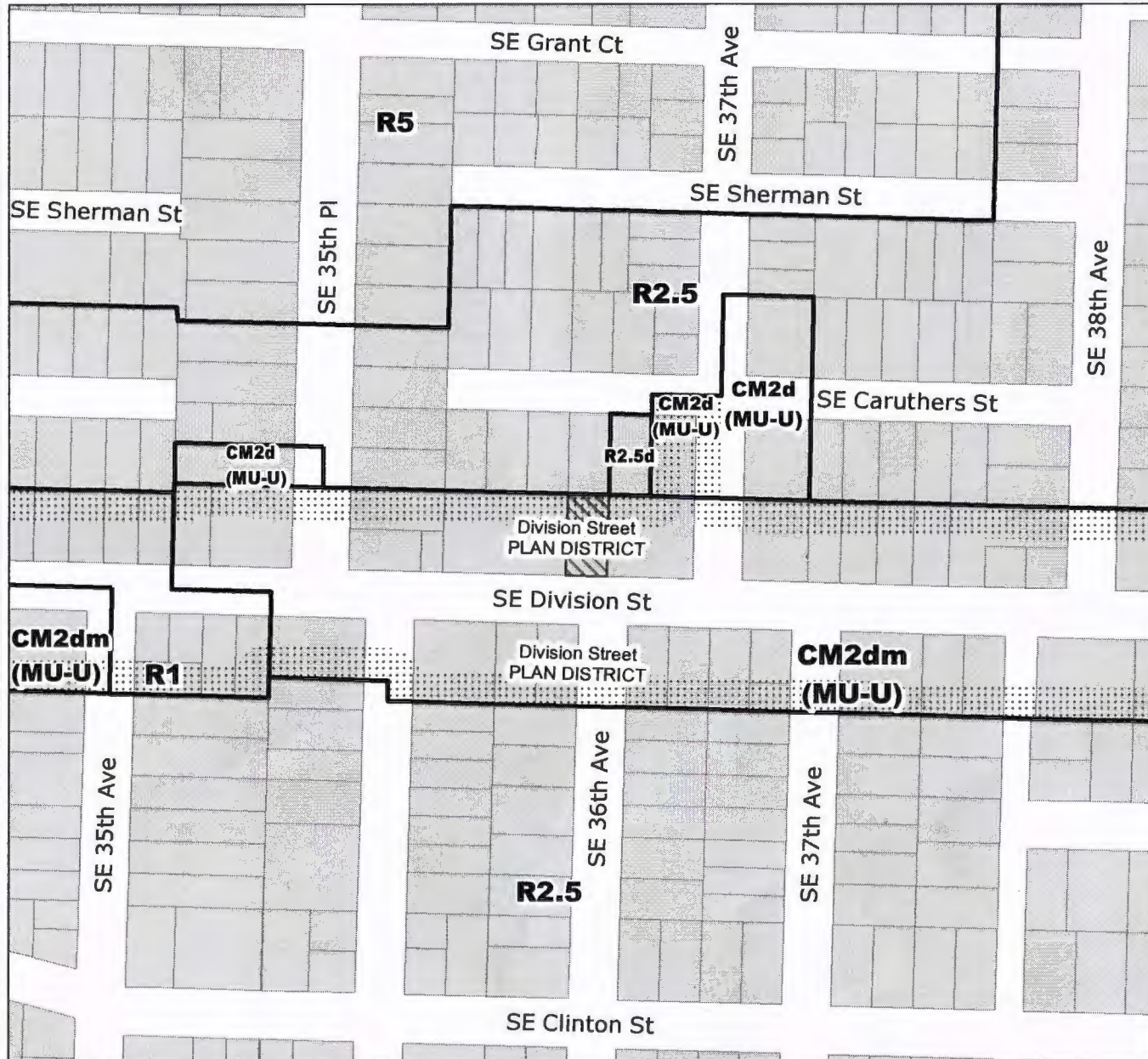
**503-823-7271**

Contact Number

Signature of Official

**1 / 4 / 2019**

Date



1 inch = 200 feet

