

*Pending*



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

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	<i>Dec'd by Portland Liquor Licenses</i>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	<i>JAN 08 2019</i>
<input type="checkbox"/> Full On-Premises, Other Public Location	<i>PD \$75 ck</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<i># 1238</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Grower Sales Privilege 1 <sup>st</sup> location	Date application received:
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	<i>12-10-18</i>
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	By: <i>CA</i>
<input type="checkbox"/> Limited On-Premises	Date application accepted as initially complete:
<input checked="" type="checkbox"/> Off-Premises	<i>12-21-18</i>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <i>CA</i>
<input type="checkbox"/> Warehouse	License Action(s): <i>A/privilege</i>
<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	

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

*The Committee, INC*

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<i>RECEIVED</i> <i>CA</i>	



OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>The Committee, Inc.</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Lovely's Fifty Fifty</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>4039 N. MISSISSIPPI STE 101</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97227</i>	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input 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>4039 N. MISSISSIPPI STE 101</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97227</i>	
9. Phone Number of the Business Location <i>503 281-4060</i>		Email Contact for this Application <i>lovelysfiftyfifty@gmail</i>	
Contact Person for this Application <i>sarah minnick</i>		Phone Number <i>503-203-0048</i>	
Mailing Address <i>4039 N. MISSISSIPPI STE 101</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97227</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.

*sarah minnick*

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: The Commi Hee, Inc. Phone: 503 281-4060

Trade Name (dba): LOVELY'S FIFTY FIFTY

Business Location Address: 4039 N. MISSISSIPPI AVE

City: PORTLAND ZIP Code: 97227

**DAYS AND HOURS OF OPERATION**

**Business Hours:**

Sunday 5:PM to 10PM  
Monday closed to \_\_\_\_\_  
Tuesday 5pm to 10pm  
Wednesday 5pm to 10pm  
Thursday 5pm to 10pm  
Friday 5pm to 10pm  
Saturday 5pm to 10pm

**Outdoor Area Hours:**

Sunday 5pm to 10pm  
Monday closed to \_\_\_\_\_  
Tuesday 5pm to 10pm  
Wednesday 5pm to 10pm  
Thursday 5pm to 10pm  
Friday 5pm to 10pm  
Saturday 5pm to 10pm

The outdoor area is used for:

- Food service Hours: 5pm to 10PM
- Alcohol service Hours: 5pm to 10pm
- Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: there is a table on the patio in warm weather

**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: 50 Outdoor: 8  
Lounge: 0 Other (explain): /  
Banquet: 0 Total Seating: 58

**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: 12/7/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

62754495

Please Print or Type

Corporation Name: The committee, inc Year Incorporated: 2009 ✓

Trade Name (dba): Lovelys fifty fifty

Business Location Address: 4039 N. MISSISSIPPI ave ste 101

City: Portland ZIP Code: 97227

List Corporate Officers:

<u>sarah minnick</u>	<u>president</u>
(name) <u>jane minnick</u>	(title) <u>secretary</u>
<u>ann reed</u>	<u>treasurer</u>

List Board of Directors:

(name) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>ANN REED</u>	<u>50</u>	Issued: <u>100</u> Unissued: _____ Total Shares Authorized to Issue: <u>100</u>
<u>SARAH MINNICK</u>	<u>25</u>	
<u>JANE MINNICK</u>	<u>25</u>	

Server Education Designee: sarah minnick DOB: 4/8/1975  
 (See Liquor License Application Guide for more information)

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

Officer's Signature: [Signature] president Date: 12/6/18  
 (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 COMMITTEE DBA LOVELY'S FIFTY FIFTY

DBA OR TRADE NAME: \_\_\_\_\_ PHONE: <sup>(503)</sup> 281-4060 FAX: —

BUSINESS ADDRESS (Including ZIP Code): 4039 N MISSISSIPPI AVE, SUITE 101 97227

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

CONTACT PERSON: SARAH MINNICK PHONE: 503-803-0048 EMAIL: LOVELY'S FIFTY FIFTY @ 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: 900 sq ft

EXISTING BUILDING:  Yes  No

ZONING: COMMERCIAL

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 50 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 6

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: 5:00 pm CLOSE: 10 pm FRIDAY & SATURDAY OPEN: 5:00 pm CLOSE: 10:00 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 pm HOW LATE WILL THERE BE ENTERTAINMENT? NONE

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: NONE

NAME & ADDRESS OF PROPERTY OWNER: BCMC PROPERTIES, 4039 N MISSISSIPPI AVE, SUITE 203 97227

**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: Sarah Minnick DATE: 1/6/19