



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 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 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	_____
<input 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 st Location	_____
<input type="checkbox"/> Winery 2 nd Location	_____
<input type="checkbox"/> Winery 3 rd Location	_____

Rec'd by Portland Liquor Licenses

JAN 10 2019

PD CK 100.00
1008

OLCC USE ONLY

Date application received:

12-13-18

By: *[Signature]*

Date application accepted as initially complete:

1-7-19

By: *[Signature]*

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):

Retro Game Bar LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>DEC 10 2018</p> <p><i>[Signature]</i></p> <p>Director Oregon Liquor Control Commission</p>	



LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Retro Game Bar LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Retro Game Bar</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>6720 NE MLK Jr. Blvd.</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97211</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>6720 NE MLK BLVD</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97211</i>	
9. Phone Number of the Business Location		Email Contact for this Application <i>Jason@retro-gamebar.com</i>	
Contact Person for this Application <i>Jason Youn</i>		Phone Number <i>802-522-4191</i>	
Mailing Address <i>7058 NE 7th Ave</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97211</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.

Jason Youn

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Retro Game Bar LLC Phone: _____

Trade Name (dba): Retro Game Bar

Business Location Address: 6720 NE MLK BLVD.

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10:00 AM to 2:30 AM
 Monday (Close) to _____
 Tuesday 3:00 PM to 2:30 AM
 Wednesday 3:00 PM to 2:30 AM
 Thursday 3:00 PM to 2:30 AM
 Friday 3:00 PM to 2:30 AM
 Saturday 10:00 AM to 2:00 AM

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)

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: Video Games

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 51 ~~31~~ Outdoor: _____
 Lounge: 11 Other (explain): Couches x 2 6
 Banquet: _____ Total Seating: 48

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: 11/20/2018

1-800-452-OLCC (6522)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1468240-99

Please Print or Type

LLC Name: Retro Game Bar LLC Year Filed: 2018 ✓

Trade Name (dba): Retro Game Bar

Business Location Address: 6720 NE MLK BIVD

City: Portland ZIP Code: 97211

List Members of LLC:

Percentage of Membership Interest:

1. Jason Yovu
(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: Jason Yovu DOB: 03/07/1982

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

Signature: Jason Yovu Date: 11/20/2018
(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: Retro Game Bar LLC

DBA OR TRADE NAME: Retro Game Bar PHONE: 802-522-4191 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 6720 NE MIK BLVD Portland OR 97211

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW Outlet, Full on-premises Commercial

CONTACT PERSON: Jason You PHONE: 802-522-4191 EMAIL: jason@retogamebar.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar Video Games
 Convenience Store Other: Retail

SIZE OF SERVICE AREA: 850 sq ft

EXISTING BUILDING: Yes No

ZONING: CM2 - Commercial Mixed Use 2

STRUCTURAL CHANGES (DESCRIBE): Cont. on back of Page 4

RESTAURANT SEATING CAPACITY: 49 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: Alarm System with Police Response.

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 = 10:00am closed Mondays Yes No I Don't Know
Friday = 3:00pm

SUNDAY - THURSDAY OPEN: 3:00 PM CLOSE: 2:30am FRIDAY & SATURDAY OPEN: Sat = 10:00am CLOSE: 2:30am

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? 2:30 am

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Oregon Kombucha

NAME & ADDRESS OF PROPERTY OWNER: Amanuel Mebrahtu 6732 NE MIK BLVD 97211

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: Jason You DATE: 01/09/2019

* Replace existing floor in Southside retail area with new floor joists and enameled 3/4" Plywood.



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: 6720 NE M L KING BLVD

R#: R214322

State ID: 1N1E14BC 16600

Zone: CM2h(MU-C)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2h(MU-C) zone

Additional Comments:

Per 33.130.100, Primary Uses, and Table 130-1, Retail Sales & Service uses are allowed by right in the CM2 zone. There are no limitations on use in the 'h' Aircraft Landing Zone overlay.

Gina Tynan

Name of City Official

City Planner

Title

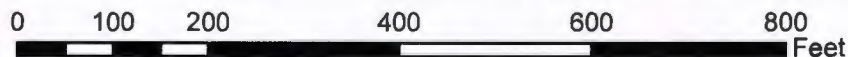
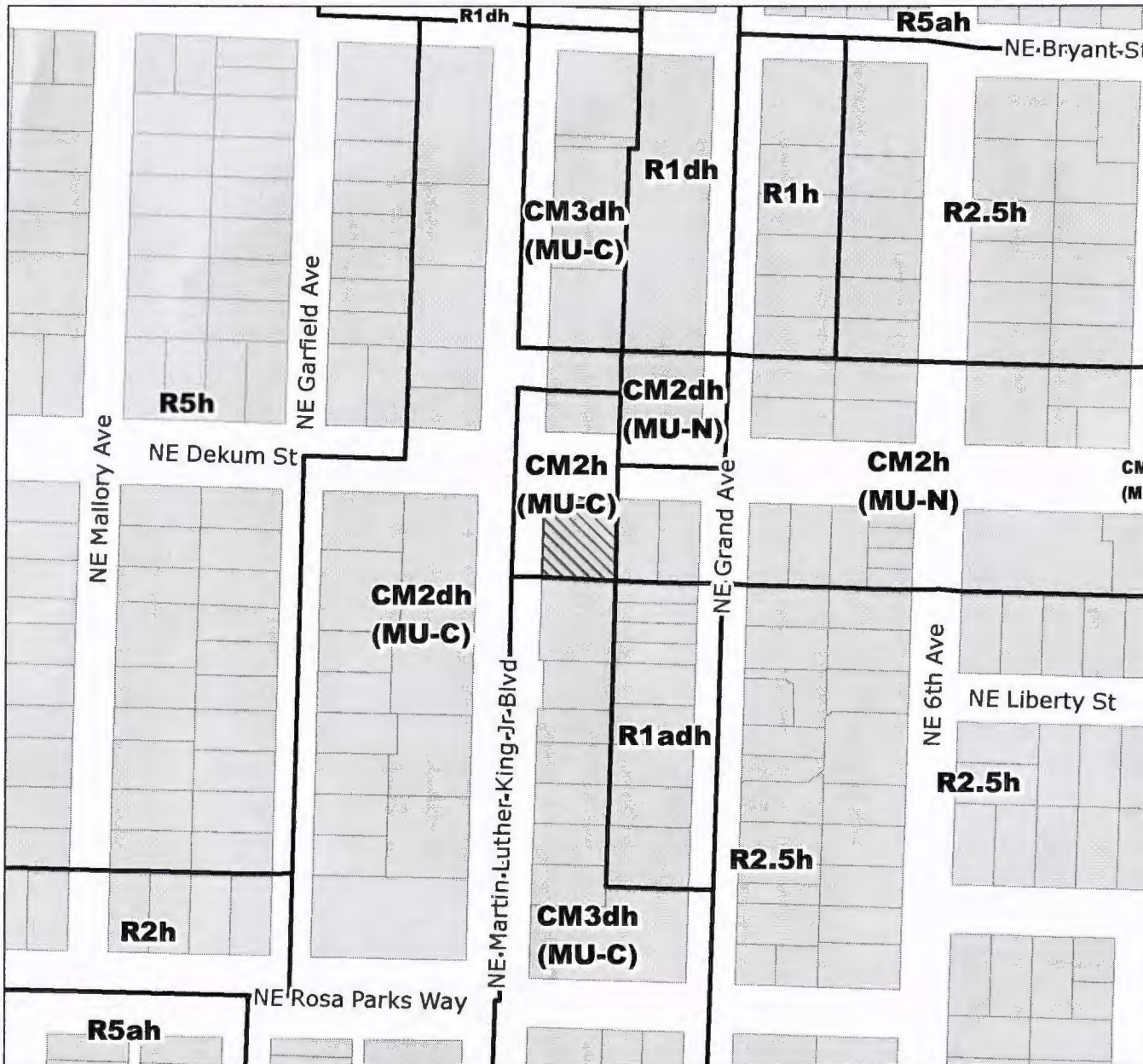
503-823-7271

Contact Number

Signature of Official

1 / 10 / 2019

Date



1 inch = 200 feet

