



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Pending DT

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	<i>Rec'd by Portland Liquor Licenses</i>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	JAN 10 2019
<input type="checkbox"/> Full On-Premises, Other Public Location	PD <i>ce 75.00</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	OLCC USE ONLY # <i>066408</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	Date application received:
<input type="checkbox"/> Grower Sales Privilege 1 st location	<i>11-20-18</i>
<input type="checkbox"/> Grower Sales Privilege 2 nd location	By: <i>[Signature]</i>
<input type="checkbox"/> Grower Sales Privilege 3 rd location	Date application accepted as initially complete:
<input type="checkbox"/> Limited On-Premises	<i>11-28-18</i>
<input checked="" type="checkbox"/> Off-Premises	By: <i>[Signature]</i>
<input type="checkbox"/> Off-Premises with Fuel Pumps	License Action(s): <i>90 C/TN</i>
<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	

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

702 Investment Holdings, Inc.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY RECEIVED <i>[Signature]</i>	OLCC FINANCIAL SERVICES USE ONLY
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OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 702 Investment Holdings, Inc.		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Maddy's			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 9226 SE Division St Unit A-2			
City Portland	County Multnomah	Zip Code 97266	
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) 10300 W Charleston Blvd., Ste 13-330			
City Las Vegas	State NV	Zip Code 89135	
9. Phone Number of the Business Location		Email Contact for this Application ops@maddysemail.com	
Contact Person for this Application Rocco Russo		Phone Number 702-683-4876	
Mailing Address 10300 W Charleston Blvd, Ste 13-330	City Las Vegas	State NV	Zip Code 89135

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.

S Zack

(Applicant #1)

(Applicant #2)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: 702 Investment Holdings, Inc Phone: 866-623-3971

Trade Name (dba): Maddy's

Business Location Address: 9226 SE Division St., Unit A-2

City: Portland ZIP Code: 97236

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7am to 2:30am
 Monday " to "
 Tuesday _____ to _____
 Wednesday " to "
 Thursday _____ to _____
 Friday _____ to _____
 Saturday " to "

Outdoor Area Hours:

Sunday na 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: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 30 Outdoor: _____
 Lounge: 6 Other (explain): 4-gaming
 Banquet: _____ Total Seating: 40

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: S Jack

Date: 11-19-2018



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

487361-93

Please Print or Type

Corporation Name: 702 Investment Holdings, Inc. Year Incorporated: 2007-2008

Trade Name (dba): Maddy's

Business Location Address: 9226 SE Division St. Unit A-2

City: Portland ZIP Code: 97266

List Corporate Officers:

<u>Shane Zack</u> (name)	<u>President</u> (title)
	<u>Vice President</u>
	<u>Secretary</u>

List Board of Directors:

<u>Shane Zack</u> (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>Shane Zack</u>	<u>100%</u>	Issued: <u>5000</u>
		Unissued: <u>0</u>
		Total Shares Authorized to Issue: <u>0</u>

Server Education Designee: S Zack DOB: 04/24/1967
(See Liquor License Application Guide for more information)

SE 4/23/14

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

Officer's Signature: S Zack (name) (title) Date: Nov 26, 2014

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: 702 Investments Holdings, Inc

DBA OR TRADE NAME: Maddy's PHONE: 702-379-2373 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 9226 SE Division St. Unit A-2 Portland, Or 97266

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

CONTACT PERSON: Rocco Russo PHONE: 702-683-4876 EMAIL: OPS@maddysemail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Video Lottery/Tavern

SIZE OF SERVICE AREA: 1400 Sq. Ft.

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: 6 (5 Gaming) OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: 24 Hr. Live Feed Surveillance System

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: 7:00am CLOSE: 2:30am FRIDAY & SATURDAY OPEN: 7:00am CLOSE: 2:30am

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: UC Green Cafe

NAME & ADDRESS OF PROPERTY OWNER: CKK Investment, LLC 2817 N.W. Nela Street Portland, Or 97210

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: S Zack DATE: 12-21-10



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: 9226 SE DIVISION ST

R#: R244919

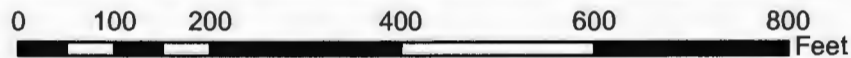
State ID: 1S2E09AB 3900

Zone: CM2(MU-C)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2(MU-C) zone



1 inch = 200 feet



Leah Dawkins

Name of City Official

City Planner

Title

503-823-7830

Contact Number

Leah M. Dawkins

Signature of Official

1 /10 /2019

Date