



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	<i>Rec'd by Portland Liquor Licenses JAN 10 2019 PD \$75- # 14833 ck</i>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Other Public Location	Date application received:
<input type="checkbox"/> Full On-Premises, For Profit Private Club	_____ <i>12-12-18</i>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	By: _____ <i>[Signature]</i>
<input type="checkbox"/> Grower Sales Privilege 1 st location	Date application accepted as initially complete:
<input type="checkbox"/> Grower Sales Privilege 2 nd location	_____ <i>1-2-19</i>
<input type="checkbox"/> Grower Sales Privilege 3 rd location	By: _____ <i>[Signature]</i>
<input type="checkbox"/> Limited On-Premises	License Action(s): <i>c/o C/Tn A/Privilege</i>
<input checked="" 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	

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

Toro Bravo, Inc.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>DEC 11 2018</p> <p>Initials: _____</p> <p>Oregon Liquor Control Commission</p>	



LIQUOR LICENSE APPLICATION

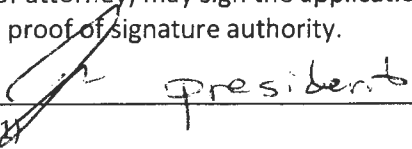
3. Applicant #1 Toro Bravo, Inc.		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Tasty n Daughters			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 4537 SE Division St 4529-4537 SE Division St.			
City Portland	County Multnomah	Zip Code 97206	
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 type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) 117 SE Taylor St Suite 102			
City Portland	State OR	Zip Code 97214	
9. Phone Number of the Business Location 971-404-8369		Email Contact for this Application renee@torobravopdx.com	
Contact Person for this Application Renee Gorham		Phone Number 971-404-8369	
Mailing Address 3926 SE Martins Ln.	City Portland OR	State OR	Zip Code 97239

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: Toro Bravo Inc. Phone: 971-404-8369
~~503 206 4083~~

Trade Name (dba): Tasty n Daughters

Business Location Address: 4529-4537 SE Division

City: Portland OR ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9am to 10 pm
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday ✓ to ✓

Outdoor Area Hours:

Sunday 9am to 10pm
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday ✓ to ✓

The outdoor area is used for:

Food service Hours: 9am to 10pm
 Alcohol service Hours: 9am 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: _____

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

NA

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

SEATING COUNT

Restaurant: 54 Outdoor: 14
 Lounge: 12 Other (explain): _____
 Banquet: 18 Total Seating: 98

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: 12/11/18



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

399591-92

Please Print or Type

Corporation Name: Toro Bravo, Inc Year Incorporated: 2007-2006

Trade Name (dba): Tasty n Daughters

Business Location Address: 4529-4537 SE Division Street

City: Portland ZIP Code: 97206

List Corporate Officers:

<u>John Gorham</u>	<u>President</u>
(name) <u>Ron Avni</u>	(title) <u>Vice President</u>
<u>Jane Avni</u>	<u>Member</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.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
<u>John Gorham</u>	<u>34</u>	Issued: <u>100</u> Unissued: _____ Total Shares Authorized to Issue: <u>100</u>
<u>Ron Avni</u>	<u>33</u>	
<u>Jane Avni</u>	<u>33</u>	

Server Education Designee: Renee Gorham **DOB:** 04/21/1981

(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: 12/11/18

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: Toro Bravo, inc.

DBA OR TRADE NAME: Tasty n Daughters PHONE: 503 206-4083 FAX: 503 206-4302

BUSINESS ADDRESS (Including ZIP Code): 4537 SE Division St. Portland OR

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

CONTACT PERSON: Renee Gorham PHONE: 9714048369 EMAIL: reneeg@torobravo.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1240 Square Feet

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 65 LOUNGE SEATING CAPACITY: 12 OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: ADT, ~~video~~ cameras over bar area and at back entrance.

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS?
Existing Restaurant Yes No I Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 9 am CLOSE: 10 pm FRIDAY & SATURDAY OPEN: 9 am CLOSE: 11 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Woodsman Tavern

NAME & ADDRESS OF PROPERTY OWNER: Duane Sorenson 2376 SE 45th Portland OR 97215

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: _____ DATE: 12/11/15



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: 4525-4537 SE DIVISION ST

R#: R147128

State ID: 1S2E06CC 12500

Zone: CM2d

Plan District: DIVISION STREET

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2d zone

Additional Comments:

Per 33.130.100, Table 130-1, Retail Sales & Service uses are allowed by right in the CM2d zone. No additional restrictions are imposed by the Plan District or Overlay Zone.

Timothy Novak

Name of City Official

City Planner

Title

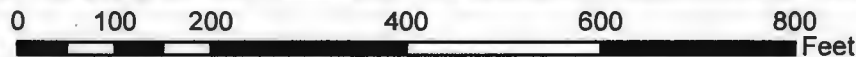
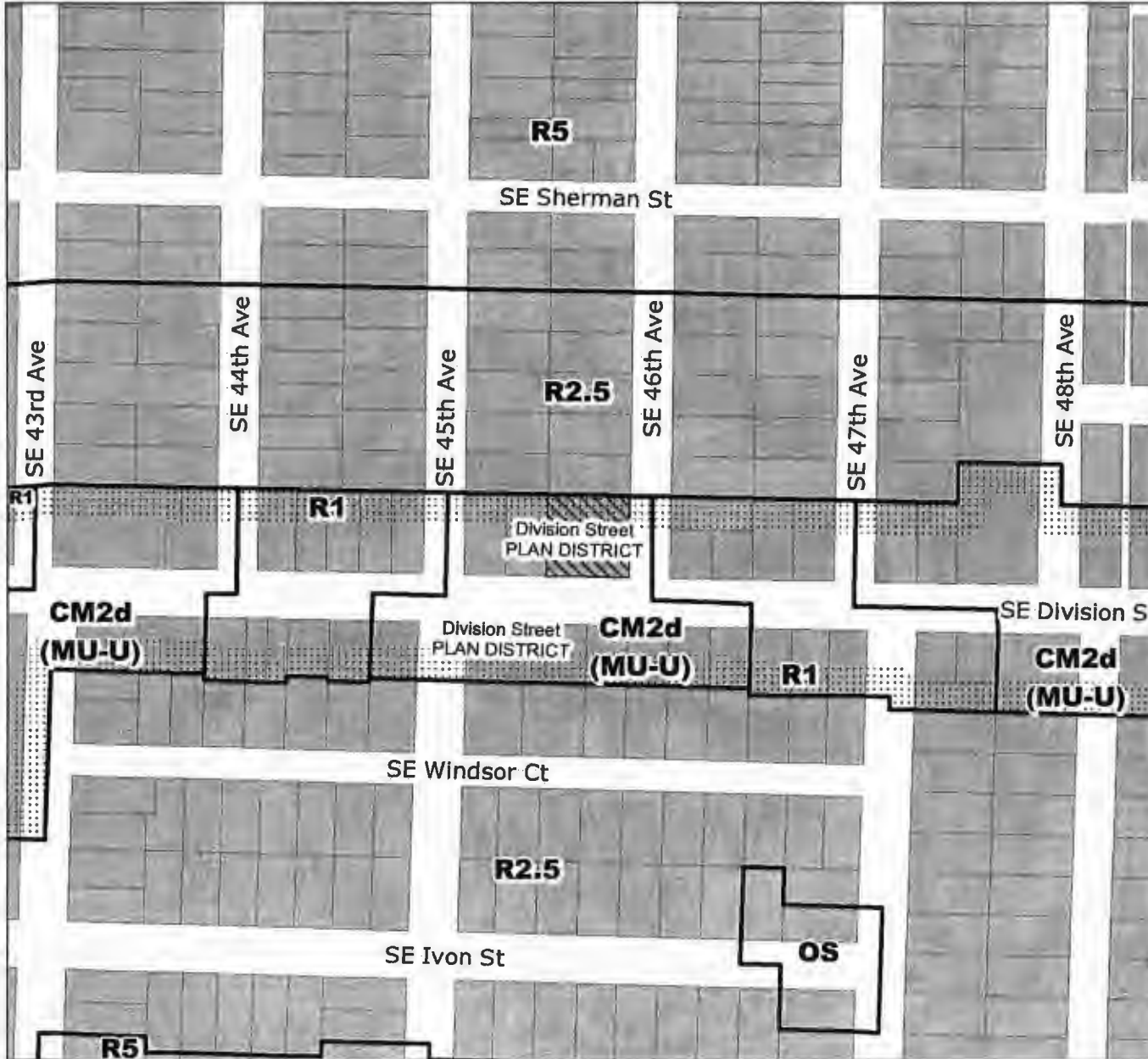
503-823-5395

Contact Number

Signature of Official

1 / 8 / 2019

Date



1 inch = 200 feet

