



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 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 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	

OLCC USE ONLY
Date application received:
_____ 1-9-19
By: <i>[Signature]</i>
Date application accepted as initially complete:
_____ 1-17-19
By: <i>[Signature]</i>
License Action(s): <i>C/O</i>

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

Ramandeep Kaur
(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

Rec'd by Portland Liquor Licenses
JAN 22 2019
 PD \$75 CC
 * 886800

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
RECEIVED JAN 09 2019 Initials: <i>[Signature]</i> Oregon Liquor Control Commission	



LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Ramandeep Kaur</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>St Johns Deli & Grocery</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>7920 N Lombard St</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97203</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>7920 N Lombard St</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97203</i>	
9. Phone Number of the Business Location <i>(503) 286-9386</i>		Email Contact for this Application <i>riyakaur22@gmail.com</i>	
Contact Person for this Application <i>(503) 931-3711</i>		Phone Number <i>(503) 931-3711</i>	
Mailing Address <i>7920 N Lombard St</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97203</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.

Ramandeep Kaur

(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Ramandeep Kaur Phone: (503) 286-9386

Trade Name (dba): St Johns Deli & Grocery

Business Location Address: 7920 N Lombard St

City: Portland ZIP Code: 97203

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>6:00^{am}</u> to <u>12:00^{am}</u>
Monday	<u>6:00^{am}</u> to <u>12:00^{am}</u>
Tuesday	<u>6:00^{am}</u> to <u>12:00^{am}</u>
Wednesday	<u>6:00^{am}</u> to <u>12:00^{am}</u>
Thursday	<u>6:00^{am}</u> to <u>12:00^{am}</u>
Friday	<u>6:00^{am}</u> to <u>12:00^{am}</u>
Saturday	<u>6:00^{am}</u> to <u>12:00^{am}</u>

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:

<input type="checkbox"/> Live Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Recorded Music	<input type="checkbox"/> Coin-operated Games
<input type="checkbox"/> DJ Music	<input checked="" type="checkbox"/> Video Lottery Machines
<input type="checkbox"/> Dancing	<input type="checkbox"/> Social Gaming
<input type="checkbox"/> Nude Entertainers	<input type="checkbox"/> Pool Tables
	<input type="checkbox"/> 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: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: _____

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: Ramandeep Kaur Date: 12-15-2018

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

Submit to: Theresa Marchetti, Office of Neighborhood Involvement, 1221 SW 4th Av, Ste 110, Portland, OR 97204
(503) 823-3092

City Endorsement Fees are payable at the beginning of the application process: New outlets are \$100.00. All others are \$75.00. Make checks payable to the City of Portland. You must include the OLCC Liquor Application form, initialed by your OLCC License Investigator and all OLCC Individual History forms. All blanks must be filled in. If the question does not apply, write "N/A" in the space. All persons who are anticipated to have a financial interest and key personnel must complete City of Portland Personal History forms. 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. A City liquor endorsement is not a confirmation that the property is properly zoned. Call 823-7526 to confirm that the property is properly zoned.

Legal Name of Business: Ramandeep Kaur

DBA or Trade Name: St. Johns Deli & Grocery Phone (503) 286-9388 Fax: -

Business Address, including Zip Code 7920 N Lombard St Portland, OR 97203

What type of liquor license are you applying for? (Change owner, new outlet, beer & wine, etc.) Change owners/off premises

Contact person: Ramandeep Kaur Contact phone (503) 931-3711 E-mail: riyakaur22@gmail.com

Please note: New Outlet Package Stores may be subject to the Convenience Store Review process through the Planning Bureau. Call 823-7526 for applicable information, regulations and forms.

DESCRIPTION OF OUTLET:

Type of Operation: (Check all that apply) <input type="checkbox"/> Food Cart/Food Cart Pod <input type="checkbox"/> Restaurant <input type="checkbox"/> Sports bar <input type="checkbox"/> Tavern	<input type="checkbox"/> Night Club <input checked="" type="checkbox"/> Convenience Store <input type="checkbox"/> Other (Please Describe _____)	Size of Service area: _____ Existing Building: (circle) YES / NO Zoning: _____ Structural Changes: (describe): :
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Seating Capacity: Restaurant _____ Lounge/Bar _____ Outside Sidewalk _____ Outside patio _____

Will you be seeking a sidewalk café permit? YES / NO – Date Obtained/Applied for / /

Describe Security:

Has an application for a liquor license at this location been received by the City of Portland in the last 2 years? yes no don't know

HOURS OF OPERATION

Sunday through Thursday open 6:00 am close 12:00 am Friday & Saturday open 6:00 am close 12:00 pm

How late will you have outside seating? n/a How late will you have entertainment? n/a

HISTORY OF LOCATION

Previous Business Name of this location: St. Johns Deli & Grocery

Name and Address of Property Owner: (Kenn/JA LLC - Kenn H. Lee)
(3200 NW 103 rd St. Vancouver, WA 98685)

ENTERTAINMENT: n/a

<input type="checkbox"/> Dancing <input type="checkbox"/> Karaoke <input type="checkbox"/> Live Music <input type="checkbox"/> Recorded Music	<input type="checkbox"/> Video Poker <input type="checkbox"/> Video games/Pinball <input type="checkbox"/> Social Gaming <input type="checkbox"/> Pool Tables (If yes, how many?)	<input type="checkbox"/> Nude Dancers <input type="checkbox"/> DJ Entertainment <input type="checkbox"/> Events (describe) _____ <input type="checkbox"/> Other (describe) _____
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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.

Use this area to provide any additional information that you wish to be considered on this liquor application.
None

A false answer or omission of any requested information may result in an unfavorable City recommendation.

Signature: Ramandeep Kaur Date: 12-15-2018



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: 7920 N LOMBARD ST

R#: R156048

State ID: 1N1W12AA 15300

Zone: CM2d(MU-U)

Plan District: ST. JOHNS

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2d(MU-U) 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.

Chris Caruso

Name of City Official

City Planner

Title

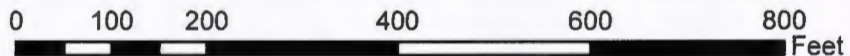
503-823-7348

Contact Number

Signature of Official

1 / 22 / 2019

Date



1 inch = 200 feet

