



LIQUOR LICENSE APPLICATION

Key

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
FEB 04 2019
PD # 23061
975 CLK

OLCC USE ONLY
Date application received:
1-9-19
By: _____
Date application accepted as initially complete:
1-17-19
By: _____
License Action(s):
clo CLK

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

Ammonista, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
RECEIVED	
JAN 17 2019	
By: _____	



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

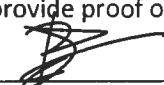
3. Applicant #1 Ammonista, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) 15th Avenue Hophouse			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1517 NE Brazee Street			
City Portland	County Multnomah	Zip Code 97212	
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) 1515 NW 19th Avenue			
City Portland	State Oregon	Zip Code 97209	
9. Phone Number of the Business Location (971) 266-8392		Email Contact for this Application rachel.gilg@rootwholebody.com	
Contact Person for this Application Rachel Gilg		Phone Number 607 237 3201	
Mailing Address 1515 NW 19th Ave	City Portland	State OR	Zip Code 97209

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: Ammonista, LLC Phone: 971-266-8392

Trade Name (dba): 15th Avenue Hophouse

Business Location Address: 1517 NE Brazee Street

City: Portland ZIP Code: 97212

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12pm to 9pm
Monday 12pm to 9pm
Tuesday 12pm to 9pm
Wednesday 12pm to 9pm
Thursday 12pm to 10pm
Friday 12pm to 10pm
Saturday 12pm to 10pm

Outdoor Area Hours:

Sunday (same as indoor hours)
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

The outdoor area is used for:

Food service Hours: 12pm to 10pm
Alcohol service Hours: 12pm 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: Hours of operation subject to change based upon seasonal business volumes.

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: 49 Outdoor: 30
Lounge: Other (explain):
Banquet: Total Seating: 79

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: Date: 1/7/19

Handwritten signature of applicant



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

614965-93

Please Print or Type

LLC Name: Ammonista, LLC Year Filed: 2009 ✓

Trade Name (dba): 15th Avenue Taphouse

Business Location Address: 1515 NW 19th Avenue

City: Portland ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

1. Pat Johnson
(managing member)

80%

2. Ferki Veliu
(members)

20%

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: Ferki Veliu DOB: 03/10/1979

SE 12/13/17

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

Signature: _____ Date: 01/07/2019

(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: Ammonista, LLC

DBA OR TRADE NAME: 15th Avenue Hophouse PHONE: 971-206-8392 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1517 NE Braheer St Portland OR 97212

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

CONTACT PERSON: Rachel Gilg PHONE: 503 237 3201 EMAIL: Rachel.gilg@rootwreckbody.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: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 32 LOUNGE SEATING CAPACITY: 17 OUTSIDE SEATING CAPACITY: 30

DESCRIBE SECURITY: ADP Alarm system, First Response camera surveillance

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 - Wednesday: 12pm CLOSE: 9pm thurs SATURDAY OPEN: 12pm CLOSE: 10pm

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: 15th Avenue Hophouse

NAME & ADDRESS OF PROPERTY OWNER: _____ Venerable Group, Inc. 1111 NE Flanders, Suite 206 | Portland, OR 97232

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: [Signature] DATE: 1/8/19



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: 1517 NE BRAZEE ST

R#: R188512

State ID: 1N1E26DB 1400

Zone: CR(MU-D)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is a LIMITED use in the CR(MU-D) zone

Additional Comments:

Per Chapter 33.130.100, Primary Uses and Table 130-1, in the CR zone, each individual Retail Sales and Service use is limited to 5,000 square feet of net building area. In addition to the size limitation, the hours when Retail Sales and Service uses can be open to the public area limited to 6:00 AM to 11:00 PM

Tyler Mann

Name of City Official

City Planner

Title

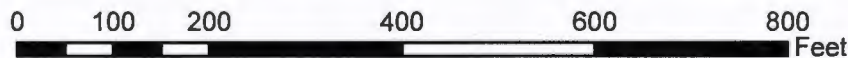
503-823-5062

Contact Number

Signature of Official

1 /29 /2019

Date



1 inch = 200 feet

