



# 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 <sup>st</sup> Location	Date application received: _____
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	Name of City or County: _____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	
<input type="checkbox"/> Distillery	
<input checked="" type="checkbox"/> Full On-Premises, Commercial	
<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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> 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 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	
	<b>OLCC USE ONLY</b>
	Date application received: <u>1/23/19</u>
	By: <u>Front desk</u>
	Date application accepted as initially complete: <u>1/31/19</u>
	By: <u>Jan Z.</u>
	License Action(s): <u>C/O</u>

Rec'd by Portland Liquor Licenses

FEB 06 2019

PD OK 15.00  
# 7764

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

LL Management Corp.

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

<b>OLCC USE ONLY</b> <b>RECEIVED</b> <b>JAN 23 2019</b> Initials: _____ Oregon Liquor Control Commission	<b>OLCC FINANCIAL SERVICES USE ONLY</b>
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OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

3. Applicant #1 LL Management Corp.		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Saraveza			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1004 N Killingsworth St			
City Portland	County Multnomah	Zip Code 97217	
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) 8105 SE Stark St			
City Portland	State OR	Zip Code 97215	
9. Phone Number of the Business Location 503.206.4252		Email Contact for this Application portlandbars@gmail.com	
Contact Person for this Application Jeremy Lewis		Phone Number 503.807.1112	
Mailing Address 8105 SE Stark St	City Portland	State OR	Zip Code 97215

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: LL MANAGEMENT CORP Phone: (503) 206-4252

Trade Name (dba): SARAVEZA

Business Location Address: 1004 N KILLINGWORTH ST

City: PORTLAND ZIP Code: 97217

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday	<u>11:00AM</u> to <u>12:00AM</u>
Monday	<u>"</u> to <u>"</u>
Tuesday	<u>"</u> to <u>"</u>
Wednesday	<u>"</u> to <u>"</u>
Thursday	<u>"</u> to <u>"</u>
Friday	<u>"</u> to <u>"</u>
Saturday	<u>"</u> to <u>"</u>

### Outdoor Area Hours:

Sunday	<u>11:00AM</u> to <u>10:00PM</u>
Monday	<u>"</u> to <u>"</u>
Tuesday	<u>"</u> to <u>"</u>
Wednesday	<u>"</u> to <u>"</u>
Thursday	<u>"</u> to <u>"</u>
Friday	<u>"</u> to <u>"</u>
Saturday	<u>"</u> to <u>"</u>

The outdoor area is used for:

Food service Hours: 11:00AM to 10:00PM  
 Alcohol service Hours: 11:00AM to 10:00PM  
 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 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: 51 Outdoor: 36  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: 35 Total Seating: 122

### 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: 1/20/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

S.S: 250564-90

Please Print or Type

Corporation Name: LL Management Corp Year Incorporated: 2004

Trade Name (dba): Saraveza

Business Location Address: 1004 N Killingsworth

City: Portland ZIP Code: 97217

List Corporate Officers:

<u>Jeremy Lewis</u>	<u>President</u>
(name)	(title)
<u>Quyên Ly</u>	<u>Secretary</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.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>JEREMY LEWIS</u>	<u>1000</u>	Issued: <u>2,000</u>
<u>QUYEN LY</u>	<u>1000</u>	Unissued: <u>3,000</u>
_____	_____	Total Shares Authorized to Issue: <u>5,000</u>
_____	_____	

Server Education Designee: Jeremy Lewis DOB: 09/09/72  
(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: 1/20/09  
(name) (title)



# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: LL MANAGEMENT CORP

DBA OR TRADE NAME: SARAVEZA PHONE: (503) 206-4252 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 1004 N KILLINGSWORTH PORTLAND 97217

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

CONTACT PERSON: JEREMY LEWIS PHONE: (503) 807-1112 EMAIL: portlandbars@gmail.com

### DESCRIPTION OF OUTLET

#### TYPE OF OPERATION (CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> Food Cart             | <input type="checkbox"/> Night Club                   |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar                   |
| <input type="checkbox"/> Convenience Store     | <input checked="" type="checkbox"/> Other: <u>BAR</u> |

SIZE OF SERVICE AREA: \_\_\_\_\_

EXISTING BUILDING:  Yes  No

ZONING: CM 2

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 86 LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: 36

DESCRIBE SECURITY: NO SECURITY IN PLACE. ALARM 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: 11:00 AM CLOSE: 12:00 AM FRIDAY & SATURDAY OPEN: 11:00 AM CLOSE: 12:00 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 10:00 PM HOW LATE WILL THERE BE ENTERTAINMENT? N/A

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: SARAVEZA

NAME & ADDRESS OF PROPERTY OWNER: THEODORE PEARSON VINTAGE FEELS VINTAGE PDX FLATS@gmail.com

### ENTERTAINMENT

#### TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Dancing                       | <input type="checkbox"/> Video Poker              | <input type="checkbox"/> Live Music     | <input type="checkbox"/> Nude Dancers     |
| <input type="checkbox"/> Karaoke                       | <input type="checkbox"/> Video Games/Pinball      | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: 2/6/19



# 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: 1004 N KILLINGSWORTH ST

R#: R210671

State ID: 1N1E22BB 100

**Zone: CM2dm**

**Plan District:**

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2dm zone

### Additional Comments:

Retail Sales and Service is an allowed use in the CM2 zone per 33.130.100 and Table 130-1. The overlay zones place no extra restrictions on this use.

**Laura Lehman**

Name of City Official

**City Planner**

Title

**503-823-7391**

Contact Number

Signature of Official

**2 / 6 / 2019**

Date



1 inch = 200 feet

