



OREGON LIQUOR CONTROL COMMISSION

# 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	_____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	_____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> 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	<b>Rec'd by Portland Liquor Licenses</b>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	<b>FEB 08 2019</b>
<input type="checkbox"/> Full On-Premises, Other Public Location	<b>PD ce 75-000</b>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	<b># 024529</b>
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	<b>OLCC USE ONLY</b>
<input type="checkbox"/> Grower Sales Privilege 1 <sup>st</sup> location	Date application received:
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	<i>2/6/19</i>
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> location	By: <i>Jan Z.</i>
<input type="checkbox"/> Limited On-Premises	Date application accepted as initially complete:
<input type="checkbox"/> Off-Premises	<i>2/6/19</i>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <i>Jan Z.</i>
<input type="checkbox"/> Warehouse	License Action(s): <i>C/O + C/N</i>
<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	

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

SIDE EYES LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 SIDE EYES LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) TULIP SHOP TAVERN			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 825 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) 5924 N HOUGHTON ST			
City PORTLAND	State OR	Zip Code 97203	
9. Phone Number of the Business Location 206-250-5753		Email Contact for this Application mr.treadwell@yahoo.com	
Contact Person for this Application TYLER TREADWELL		Phone Number 206-250-5753	
Mailing Address 5924 N HOUGHTON ST	City PORTLAND	State OR	Zip Code 97203

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: Side Eyes LLC Phone: 206-250-5753

Trade Name (dba): Tulip Shop Tavern

Business Location Address: 825 N Killingsworth St

City: Portland ZIP Code: 97217

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday	3pm	to	2am
Monday	3pm	to	2am
Tuesday	3pm	to	2am
Wednesday	3pm	to	2am
Thursday	3pm	to	2am
Friday	3pm	to	2am
Saturday	3pm	to	2am

### Outdoor Area Hours:

Sunday	3pm	to	1am
Monday	3pm	to	1am
Tuesday	3pm	to	1am
Wednesday	3pm	to	1am
Thursday	3pm	to	1am
Friday	3pm	to	1am
Saturday	3pm	to	1am

The outdoor area is used for:

- Food service Hours: 3pm to 1am
- Alcohol service Hours: 3pm to 1am
- Enclosed, how 3 walls and attached to building

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 checked="" type="checkbox"/> Live Music     | <input checked="" type="checkbox"/> Karaoke             |
| <input checked="" type="checkbox"/> Recorded Music | <input checked="" type="checkbox"/> Coin-operated Games |
| <input checked="" 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	8pm	to	12am
Saturday	8pm	to	12am

## SEATING COUNT

Restaurant: 37 Outdoor: 12

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 49

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: Dylan Johnson Date: 02/01/2019

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1496073-92

Please Print or Type

LLC Name: Side Eyes LLC Year Filed: 2018

Trade Name (dba): Tulip Shop Tavern

Business Location Address: 825 N Killingsworth St

City: Portland ZIP Code: 97217

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Tyler Treadwell</u> <small>(managing member)</small>	<u>50</u>
2. <u>Devon Treadwell</u> <small>(members)</small>	<u>50</u>
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: Tyler Treadwell DOB: 08/17/1982

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

Signature: Tyler Treadwell Managing Member Date: 02/01/2019  
(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) - 823-7525 to confirm that the property is properly zoned.

On submission of this form, you must also include the following:

- OLCC Liquor Application Form, initiated 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: SIDE EYES LLC

DBA OR TRADE NAME: TULIP SHOP TAVERN PHONE: 206 250 5753 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 825 N. KILLINGSWORTH ST. 97217

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

CONTACT PERSON: TYLER TREADWELL PHONE: 206 250 5753 EMAIL: mr.treadwell@yahoo.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: 1,750 SQ FT

EXISTING BUILDING:  Yes  No

ZONING: C12

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 28 LOUNGE SEATING CAPACITY: 9 OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: DOOR LOCKS, SECURITY CAMERAS, ALARM

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  Don't Know

## HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 3pm CLOSE: 2am FRIDAY & SATURDAY OPEN: 3pm CLOSE: 2am

HOW LATE WILL THERE BE OUTSIDE SEATING? 1am HOW LATE WILL THERE BE ENTERTAINMENT? 12am

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: POP TAVERN

NAME & ADDRESS OF PROPERTY OWNER: WEN BIAO LIANG 8862 SE OWEN DR. HAPPY VALLEY, OR 97086

## 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 503-855-2433. 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: Tyler Treadwell DATE: 02/07/2019



# 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: 909 N KILLINGSWORTH ST

R#: R301339

State ID: 1N1E15CD 15500

Zone: **CI2, CI2m**

Plan District:

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CI2, CI2m zone

*Additional Comments:*

Retail, Sales, and Service Allowed

**Douglas Strickler**

Name of City Official

**City Planner**

Title

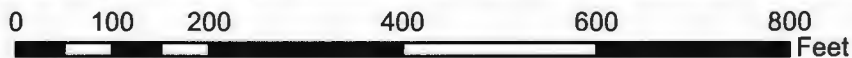
**503-823-7919**

Contact Number

*Douglas Strickler*  
Signature of Official

**2 / 8 / 2019**

Date



1 inch = 200 feet

