



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Pending - No Wine

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	
<input type="checkbox"/> Brewery-Public House 1 st location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 2 nd location	
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	Recommends this license be:
<input type="checkbox"/> Full On-Premises, Commercial	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<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"/> Grover Sales Privilege 1 st location	
<input type="checkbox"/> Grover Sales Privilege 2 nd location	
<input type="checkbox"/> Grover Sales Privilege 3 rd location	OLCC USE ONLY
<input type="checkbox"/> Limited On-Premises	Date application received
<input type="checkbox"/> Off-Premises	<i>2/7/19</i>
<input type="checkbox"/> Off-Premises with Fuel Pumps	By: <i>Jon Z.</i>
<input type="checkbox"/> Warehouse	
<input checked="" type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery, 1 st Location	
<input type="checkbox"/> Winery, 2 nd Location	
<input type="checkbox"/> Winery, 3 rd Location	By: _____
	License Action(s): <i>NO</i>

Rec'd by Portland Liquor Licenses

FEB 08 2019

PD CC 100.000
086300

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

Gravel Road Wines, 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 <i>Gravel Road Wines, LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Gravel Road Wines, LLC</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>1930 NW 23rd Place Storage #240</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97210</i>	
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" 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>1830 Blankenship Rd. #225</i>			
City <i>West Linn</i>	State <i>OR</i>	Zip Code <i>97068</i>	
9. Phone Number of the Business Location <i>503-860-0097</i>		Email Contact for this Application	
Contact Person for this Application <i>Bobby Barnett</i>		Phone Number <i>503-330-3392</i>	
Mailing Address <i>5368 SW Wichita St.</i>	City <i>Tualatin</i>	State <i>OR</i>	Zip Code <i>97062</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.

[Signature] *managing member*
 (Applicant #1) (Applicant #2)

(Applicant #3) (Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Gravel Road Wines, LLC Phone: 503.330.3392

Trade Name (dba): _____

Business Location Address: 1930 NW 23rd Place Storage #240

City: Portland ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

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

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 Security Personnel.

(Investigator's Initials)

N/A - wine importing business - storage and warehousing only

Seasonal Variations: Yes No If yes, explain: _____

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: _____ Outdoor: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

OLCC USE ONLY
Investigator Certified 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: 2/7/19

Robert Barnett,
Managing Member

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1444302-95

OLCC REG 2018 5-29-18

Please Print or Type

LLC Name: Gravel Road Wines, LLC

Year Filed: 2018 ✓

Trade Name (dba): Gravel Road Wines, LLC

Business Location Address: 1930 Blankenship Rd. #225

City: West Linn

ZIP Code: 97088

List Members of LLC:

Percentage of Membership Interest

1. Robert Barnett
(managing member)

50%

2. Jeremy Cobb
(member)

30%

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: N/A

DOB: _____

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

Signature: _____

Robert Barnett
(Name)

managing member
(Title)

Date: 12/21/18

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: Gravel Road Wines, LLC
DBA OR TRADE NAME: _____ PHONE: 503.330.3392 FAX: 503.719.4932
BUSINESS ADDRESS (Including ZIP Code): 1930 NW 23rd Place Storage #240 - Portland, OR 97210
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): wine importer
CONTACT PERSON: Bobby Barnett PHONE: 503.330.3392 EMAIL: bbarnett1234@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: N/A
EXISTING BUILDING: Yes No
ZONING: CM2
STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A
DESCRIBE SECURITY: keyless entry locked front door - storage combo lock
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: N/A CLOSE: _____ FRIDAY & SATURDAY OPEN: N/A CLOSE: _____
HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Willamette Wine Storage is current occupant - we are leasing storage.
NAME & ADDRESS OF PROPERTY OWNER: Robert & Sydney Airey

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: Robert Barnett, managing member 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: 1930 NW 23RD PL

R#: R309828

State ID: 1N1E28CC 5700

Zone: CM2d(MU-U)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE & Wholesale Sales
Wholesale Sales of RETAIL SALES AND SERVICE is an ALLOWED use in the CM2d(MU-U) zone

Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Service is an allowed use. Wholesale Sales is also an allowed use.

Katie Moore

Name of City Official

City Planner

Title

503-823-7344

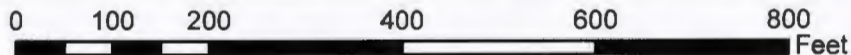
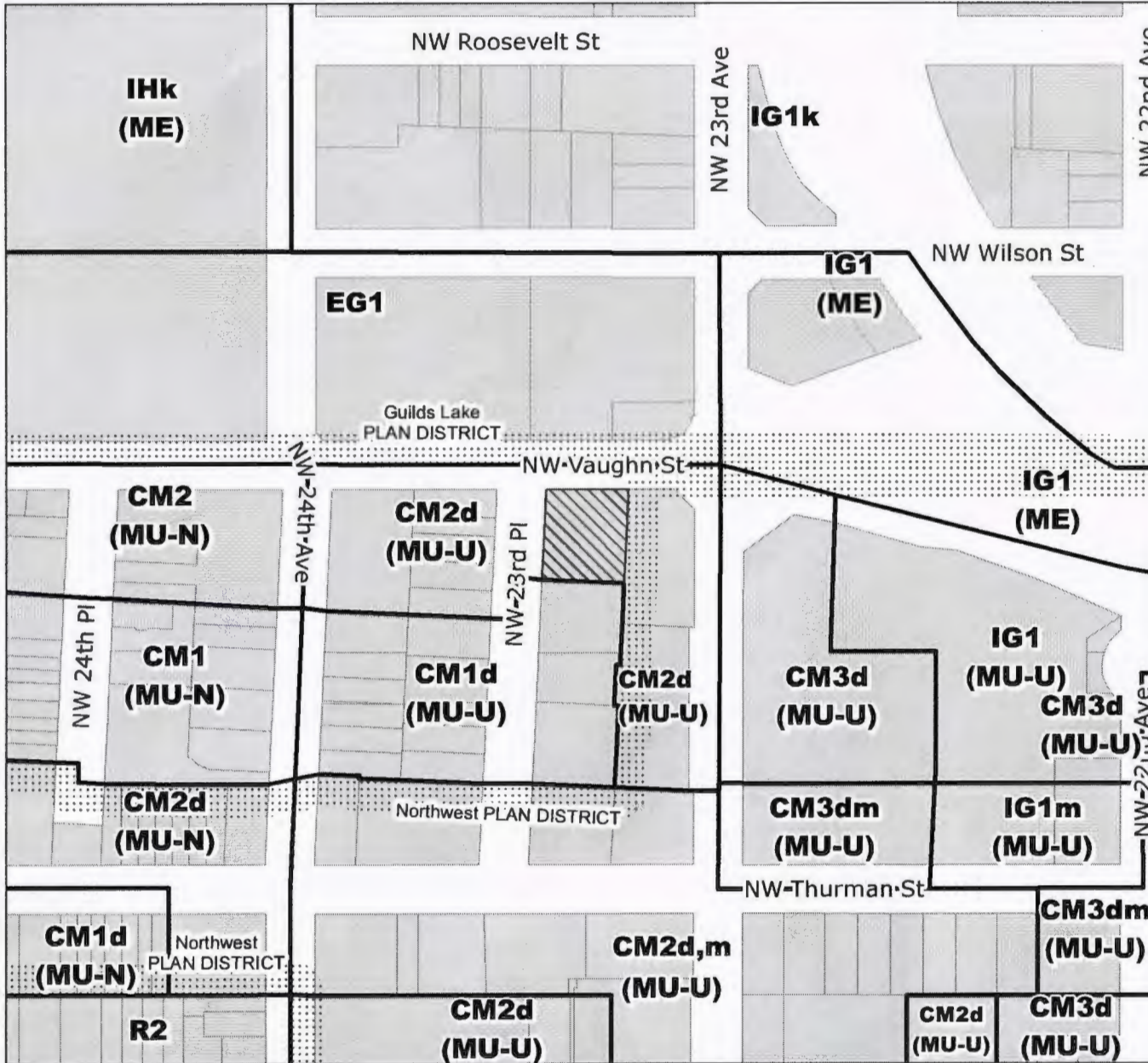
Contact Number

Katie Moore

Signature of Official

2 / 8 / 2019

Date



1 inch = 200 feet

