



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

Pending at

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	Name of City or County:
<input type="checkbox"/> Brewery 3 rd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 st location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 nd location	By: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	Date: _____
<input type="checkbox"/> Distillery	<div style="text-align: right;"> <p><i>Rec'd by Portland Liquor Licenses</i></p> <p>FEB 11 2019</p> <p>PD # <u>975-CK</u> <u>1466</u></p> </div>
<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 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	Date application received:
<input type="checkbox"/> Winery 2 nd Location	By: <i>JA</i>
<input type="checkbox"/> Winery 3 rd Location	Date application accepted as initially complete:
	By: <i>JA</i> 1-18-19 <u>1/25/19</u> <u>Jan Z</u>
	License Action(s): <u>C10 / CTN</u>

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

PNW TWISTED SISTERS CO

- Kimberly Jakab

(Applicant #1)

(Applicant #2)

-

-

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>JAN 25 2019</p> <p><i>JA</i></p>	



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 PNW TWISTED SISTERS CO		Applicant #2 -	
Applicant #3 -		Applicant #4 -	
4. Trade Name of the Business (Name Customers Will See) ANCHOR END EUROCAFE AND BAKERY			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 4641 NE FREMONT ST			
City PORTLAND	County MULT	Zip Code 97213	
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) 4641 NE FREMONT ST			
City PORTLAND	State OR	Zip Code 97213	
9. Phone Number of the Business Location 2066989024		Email Contact for this Application INFO@ANCHOREND.CO	
Contact Person for this Application AMANDA LEWIS		Phone Number 2066989024	
Mailing Address 4641 NE FREMONT ST	City PORTLAND	State OR	Zip Code 97213

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

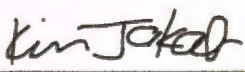
I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

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: PNW TWISTED SISTERS CO Phone: 206-698-9024

Trade Name (dba): ANCHOR END EUROCAFE AND BAKERY

Business Location Address: 4641 NE FREMONT ST

City: PORTLAND ZIP Code: 97213

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7AM to 3PM
Monday CLOSED
Tuesday 7AM to 3PM
Wednesday 7AM to 3PM
Thursday 7AM to 3PM
Friday 7AM to 3PM
Saturday 7AM to 3PM

Outdoor Area Hours:

Sunday 7AM to 3PM
Monday CLOSED
Tuesday 7AM to 3PM
Wednesday 7AM to 3PM
Thursday 7AM to 3PM
Friday 7AM to 3PM
Saturday 7AM to 3PM

The outdoor area is used for:

- Food service Hours: 7AM to 3PM
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:

NO OUTDOOR SEATING DURING COLD SEASON

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: 40 Outdoor: 6
Lounge: Other (explain):
Banquet: Total Seating: 46

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: 12/11/18



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: PNW TWISTED SISTERS CO Year Incorporated: 2018

Trade Name (dba): ANCHOR END EUROCAFE AND BAKERY

Business Location Address: 4641 NE FREMONT ST

City: PORTLAND ZIP Code: 97213

List Corporate Officers:

<u>AMANDA LEWIS</u>	<u>PRESIDENT</u>
(name)	(title)
<u>JESSICA RACHON</u>	<u>VICE PRESIDENT</u>
_____	_____
_____	_____

List Board of Directors:

AMANDA LEWIS- 40%

(name)

JESSICA RACHON- 30%

COREY RACHON- 30%

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.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
<u>AMANDA LEWIS</u>	<u>4</u>	<div style="border: 1px solid black; padding: 5px;"> <p>Issued: <u>10</u></p> <p>Unissued: <u>0</u></p> <p>Total Shares Authorized to Issue: <u>10</u></p> </div>
<u>JESSICA RACHON</u>	<u>3</u>	
<u>COREY RACHON</u>	<u>3</u>	
_____	_____	

Server Education Designee: AMANDA LEWIS DOB: 10/05/1989
(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: OWNER Date: 12/11/18
(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: PNW TWISTED SISTERS CO

DBA OR TRADE NAME: ANCHOR END EUROCAFE & BAKERY PHONE: 503-288-5019 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 4641 NE FREMONT ST, PORTLAND OR 97213

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

CONTACT PERSON: AMANDA LEWIS PHONE: 206-698-9024 EMAIL: INFO@ANCHOREND.CO

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 900 square ft

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): n/a

RESTAURANT SEATING CAPACITY: 40 LOUNGE SEATING CAPACITY: n/a OUTSIDE SEATING CAPACITY: 9

DESCRIBE SECURITY: PROTECTION 1 SECURITY SYSTEM. SENSOR ON ALL DOORS

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: 8AM CLOSE: 4PM FRIDAY & SATURDAY OPEN: 8AM CLOSE: 4PM

HOW LATE WILL THERE BE OUTSIDE SEATING? 4PM HOW LATE WILL THERE BE ENTERTAINMENT? 4PM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: THRIVE SAUCE AND BOWLS

NAME & ADDRESS OF PROPERTY OWNER: Georjean Melonas, HKM INVESTMENTS LLC, 4805 NE Alberta Court Portland, Oregon 97218

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:  DATE: 2/1/19