



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 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 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 checked="" 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 22 2019
PD \$100
022913*

OLCC USE ONLY
CC
#022913

Date application received: 2/15/19
By: Jan Z.
Date application accepted as initially complete: 2/15/19
By: Jan Z.
License Action(s): N/O

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

Pearl Bakery Inc. (corporation)
 (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>Pearl Bakery Inc</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Pearl Bakery</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>102 NW 9th Ave</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97209</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>102 NW 9th Ave</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97209</i>	
9. Phone Number of the Business Location <i>503-827-0704</i>		Email Contact for this Application <i>jared@pearlbakery.com</i>	
Contact Person for this Application <i>Jared Lester</i>		Phone Number <i>503-442-6468</i>	
Mailing Address <i>22414 NE 68th</i>	City <i>Vancouver</i>	State <i>WA</i>	Zip Code <i>98682</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]

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Pearl Bakery Inc. Phone: 503-827-0704
Trade Name (dba): Pearl Bakery
Business Location Address: 102 NW 9th Ave
City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8 AM to 4 PM
Monday 6:30 AM to 4 PM
Tuesday 6:30 AM to 4 PM
Wednesday 6:30 AM to 4 PM
Thursday 6:30 AM to 4 PM
Friday 6:30 AM to 4 PM
Saturday 7 AM to 4 PM

Outdoor Area Hours:

Sunday 8 AM to 4 PM
Monday 6:30 AM to 4 PM
Tuesday 6:30 AM to 4 PM
Wednesday 6:30 AM to 4 PM
Thursday 6:30 AM to 4 PM
Friday 6:30 AM to 4 PM
Saturday 7 AM to 4 PM

The outdoor area is used for:

- Food service Hours: 6:30 AM to 4 PM
Alcohol service Hours: 6:30 AM to 4 PM
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: [] Yes [x] No If yes, explain:

ENTERTAINMENT

Check all that apply:

- Live Music []
Recorded Music [x]
DJ Music []
Dancing []
Nude Entertainers []
Karaoke []
Coin-operated Games []
Video Lottery Machines []
Social Gaming []
Pool Tables []
Other: []

DAYS & HOURS OF LIVE OR DJ MUSIC

N/A
Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: Outdoor: 11
Lounge: Other (explain): Cafe seating-24
Banquet: Total Seating: 35

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] President Date: 1/19/2019

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

SOS: 539 395-84

Please Print or Type

Corporation Name: Pearl Bakery Inc. Year Incorporated: 1997
Trade Name (dba): Pearl Bakery
Business Location Address: 102 NW 9th Ave
City: Portland ZIP Code: 97209

List Corporate Officers:

Jared Lester (name) President (title)

List Board of Directors:

Jared Lester (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>Jared Lester</u>	<u>272,108</u>	Issued: <u>272,108</u>
		Unissued: _____
		Total Shares Authorized to Issue: <u>272,108</u>

Server Education Designee: David Gottlieb DOB: 04/06/1986
(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] (name) President (title) Date: 1/19/2019

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) - 823-7525 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: Pearl Bakery Inc.

DBA OR TRADE NAME: Pearl Bakery PHONE: 503-827-0704 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 102 NW 9th Ave Portland OR, 97209

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

CONTACT PERSON: Jared Lester PHONE: 503-442-6468 EMAIL: jared@pearlbakery.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 800 square feet

EXISTING BUILDING: Yes No

ZONING: CXd

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 24 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 11

DESCRIBE SECURITY: At least two staff present at all times, while open

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: 6:30 AM CLOSE: 4 PM FRIDAY & SATURDAY OPEN: 7 AM CLOSE: 4 PM

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Pearl Bakery Inc.

NAME & ADDRESS OF PROPERTY OWNER: Pingree Northwest 1970 NW 18th Ave, Portland OR 97209

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 503-865-2433. 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: [Signature] DATE: 2/22/19

off. manager



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: 120 NW 9TH AVE

R#: R140539

State ID: 1N1E34CB 8300

Zone: **CXd**

Plan District: **CENTRAL CITY, PEARL**

Proposed Use: **RETAIL SALES AND SERVICE**

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

Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Services uses are allowed by right in the CX zone. The use is not further limited by the plan district.

Douglas Strickler

Name of City Official

City Planner

Title

503-823-7919

Contact Number

Signature of Official

2 / 19 / 2019

Date



0 100 200 400 600 800 Feet

1 inch = 200 feet

