



LIQUOR LICENSE APPLICATION

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"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 st location	By: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 rd 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 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	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	
	Date application received: <u>3/1/19</u>
	By: <u>Jon Z.</u>
	Date application accepted as initially complete: _____
	By: _____
	License Action(s): <u>N/O</u>

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

Select Houses, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

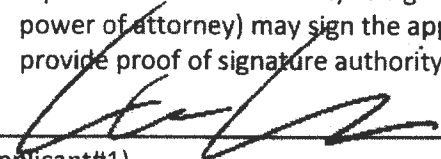
3. Applicant #1 Select Houses, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Select House			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 800 SW Alder Street			
City Portland	County Multnomah	Zip Code 97205	
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) 115 SE Yamhill Street			
City Portland	State OR	Zip Code 97214	
9. Phone Number of the Business Location To Be Determined		Email Contact for this Application rsheinin@curacan.com and/or al@curacan.com	
Contact Person for this Application Rick Sheinin and/or Alvin Ochoa		Phone Number (503) 329-9487 (Rick) or (503) 806-1192 (A	
Mailing Address 115 SE Yamhill Street	City Portland	State OR	Zip Code 97214

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
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1501010-96

Please Print or Type

LLC Name: Select Houses, LLC Year Filed: Dec 2018

Trade Name (dba): Select House

Business Location Address: 800 SW Alder Street

City: Portland, OR ZIP Code: 97205

List Members of LLC:

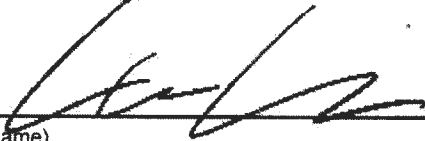
Percentage of Membership Interest:

- | | |
|---|-------------|
| 1. <u>Cura Wellness, LLC</u>
(managing member) | <u>100%</u> |
| 2. _____
(members) | _____ |
| 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: Rick Sheinin (503) 329-9487 DOB: 06/30/1982

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

Signature:  Cameron Forni Date: 2/18/2019
(name) (title)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



S.S: 1314008-97

Please Print or Type

LLC Name: Cura Wellness, LLC Year Filed: April 2017

Trade Name (dba): _____

Business Location Address: 3931 NE Columbia Blvd.

City: Portland, OR ZIP Code: 97211

List Members of LLC:

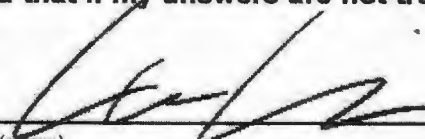
Percentage of Membership Interest:

- | | |
|--|-------------|
| 1. <u>Cura Partners, Inc.</u>
(managing member) | <u>100%</u> |
| 2. _____
(members) | _____ |
| 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: Not Applicable DOB: Not Applicable

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

Signature:  CEO/President Date: 2/18/2019
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

505-1018641-97

Please Print or Type

Corporation Name: Cura Partners, Inc. Year Incorporated: May 2014

Trade Name (dba): _____

Business Location Address: c/o Slinde/Nelson, 425 NW 10th Ave., Suite 200

City: Portland, OR ZIP Code: 97209

List Corporate Officers:

<u>Cameron Forni</u> (name)	<u>CEO/President</u> (title)
<u>David Thompson</u>	<u>Secretary/General Counsel/SVP of Admin</u>
<u>Nitin Khanna</u>	<u>Executive Chairman of the Board</u>
<u>SEE ATTACHED FOR ADDITIONAL OFFICERS</u>	

List Board of Directors:

<u>Cameron Forni - Director (10.447%)</u> (name)	<u>Todd Goergen - Director (<3% of Voting Stock)</u>
<u>Nitin Khanna - Executive Chairman of the Board (18.588% - 50% of Kali Mata, LLC)</u>	
<u>Nicholas Slinde - Director (5.917% - 50% of Serpico, LLC)</u>	
<u>Boris Jordan - Director (<3% of Voting Stock)</u>	

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>Kali Mata, LLC (37.137%)</u>	<u>10,304,609</u>	<u>Issued: 27,747,398</u> <u>Unissued: 372,252,602</u> <u>Total Shares Authorized to Issue: 400,000,000</u>
<u>Serpico, LLC (11.834%)</u>	<u>3,283,690</u>	
<u>Cameron Forni (10.447%)</u>	<u>2,898,639</u>	
<u>Various Entities/Individuals (Less than 10% ea)</u>	<u>11,260,460</u>	

Server Education Designee: Not Applicable DOB: Not Applicable
(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] CEO/President Date: 2/18/2019
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

SOS: 1066730-98

Please Print or Type

LLC Name: Serpico, LLC Year Filed: Dec 2014

Trade Name (dba): _____

Business Location Address: 425 NW 10th Avenue, Suite 200

City: Portland, OR ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|------------|
| 1. <u>Nicholas Slinde</u>
<small>(managing member)</small> | <u>50%</u> |
| 2. <u>Phillip Nelson</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: Not Applicable DOB: Not Applicable

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

Signature: [Handwritten Signature] Member Date: 2/17/19
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

SOS: 1018378-96

Please Print or Type

LLC Name: Kali Mata, LLC Year Filed: May 2014

Trade Name (dba): _____

Business Location Address: 3601 SW River Parkway, Suite 3101

City: Portland, OR ZIP Code: 97239

List Members of LLC:

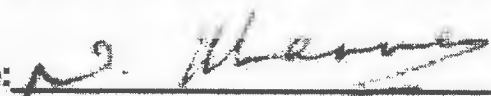
Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>Nitin Khanna</u>
<small>(managing member)</small> | <u>50%</u> |
| 2. <u>Karan Khanna</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: Not Applicable DOB: Not Applicable

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

Signature:  Managing Member Date: 2/19/2019
(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: Select Houses, LLC

DBA OR TRADE NAME: Select House PHONE: (503) 265-8241 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 800 SW Alder Street, Portland, OR 97205

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New Outlet - Full On-Premises (Commercial)

CONTACT PERSON: Rick Sheinin PHONE: (503) 265-8241 EMAIL: rsheinin@curacan.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: Approx. less than 3,000 sq. ft.

EXISTING BUILDING: Yes No

ZONING: CX - Central Commercial

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 95 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 16

DESCRIBE SECURITY: One DPSST licensed guard manning front entrance from 8pm-closing

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: Mon-Th 11am CLOSE: Midnight FRIDAY & SATURDAY OPEN: 11am CLOSE: Midnight

HOW LATE WILL THERE BE OUTSIDE SEATING? 10pm HOW LATE WILL THERE BE ENTERTAINMENT? Th-Sat until Midnight

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Event Space for Provenance Hotel Group

NAME & ADDRESS OF PROPERTY OWNER: Alder Park Investments, LLC c/o RTG Property Management, ATTN: Camille Bone

808 SW Alder Street, Suite 200, Portland, OR 97205

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: 02/20/2019



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: 800-808 SW ALDER ST

R#: R246975

State ID: 1N1E34CC 9000

Zone: CXd

Plan District: CENTRAL CITY,
DOWNTOWN

Proposed Use: RETAIL SALES AND
SERVICE

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

Additional Comments:

Retail Sales and Service is an allowed
use in the CX zone per Table 130-1.

Douglas Strickler

Name of City Official

City Planner

Title

503-823-7919

Contact Number

Douglas Strickler
Signature of Official

2 / 25 / 2019

Date



RXd

0 100 200 400 600 800 Feet

1 inch = 200 feet

