



LIQUOR LICENSE APPLICATION

Pending DT

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	

OLCC USE ONLY	
Date application received:	12-19-18
By: _____	
Date application accepted as initially complete:	3/1/19
By: <u>Jon Z.</u>	
License Action(s):	C/O

Rec'd by Portland Liquor Licenses

MAR 06 2019

PD \$75.00 OK
202

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

PETE PRASARITON GOSITH (Applicant #1) NANNAPHAT SRESUNGVAN (Applicant #2)

(Applicant #3) _____
(Applicant #4)

<p>OLCC USE ONLY</p> <p>RECEIVED</p> <p>DEC 19 2018</p> <p>Initials: <u>[Signature]</u></p> <p>Oregon Liquor Control Commission</p>	<p>OLCC FINANCIAL SERVICES USE ONLY</p>
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LIQUOR LICENSE APPLICATION

3. Applicant #1 PETE PRASARTONGSOTH		Applicant #2 Kinn D LLC	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) BAIMINT Thai Kitchen			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 4408 SE WOODSTOCK BLVD.			
City PORTLAND	County MULTNOMATH	Zip Code 97206	
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) 4408 SE WOODSTOCK BLVD			
City PORTLAND	State OR	Zip Code 97206	
9. Phone Number of the Business Location (503) 719-5070		Email Contact for this Application pete.pra@mail.com	
Contact Person for this Application PETE PRASARTONGSOTH		Phone Number (503) 704-7981	
Mailing Address 1316 SE 177 ^{TR} AVE	City VANCOUVER	State WA	Zip Code 98683

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.

PETE N.

NANNAPHAT SRISUNGVAN

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type Kind D LLC
Applicant Name: ~~PETE PRASARTKONGSOTH~~ Phone: 719-5070
(503) 704-7981
Trade Name (dba): BAMINT THAI KITCHEN
Business Location Address: 4408 SE WOODSTOCK BLVD.
City: PORTLAND, OR ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 11:00A to 9:30P
Monday 11:30A to 9:30P
Tuesday 11:30A to 9:30P
Wednesday 11:30A to 9:30P
Thursday 11:30A to 9:30P
Friday 11:30A to 9:30P
Saturday 11:30A to 9:30P
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 Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:
 Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: 30 Outdoor: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

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: PETE N. Date: DEC 18/2018

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1476728-93

Please Print or Type

LLC Name: KINN D LLC Year Filed: 2018
Trade Name (dba): BALMINT THAI KITCHEN
Business Location Address: 4408 SE WOODSTOCK BLVA.
City: PORTLAND, OR ZIP Code: 97206

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|------------|
| 1. <u>PETE PRASARTHONG SOOTH</u>
(managing member) | <u>50%</u> |
| 2. <u>JUNYAPORN WICHAYASOMBOON</u>
(members) | <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: JUNYAPORN WICHAYASOMBOON DOB: 06/25/1999

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

Signature: PETE N. Date: DEC-19/2018
(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: KINN D LLC

DBA OR TRADE NAME: BALMINT PHONE: (503) 719-5870 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 4408 SE WOOD STOCK BLVD., PORTLAND, OR 97206

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

CONTACT PERSON: PETE PRASARTON OSOHI PHONE: (503) 704-7981 EMAIL: PETE.PRA@MAIL.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: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: - OUTSIDE SEATING CAPACITY: -

DESCRIBE SECURITY: CAMERA

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: 11:00 AM CLOSE: 9:30 PM FRIDAY & SATURDAY OPEN: 11:00 AM CLOSE: 9:30 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? - HOW LATE WILL THERE BE ENTERTAINMENT? -

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: BALMINT

NAME & ADDRESS OF PROPERTY OWNER: HANAMA REAL ESTATE 10001 SE SUNNYSIDE Rd. Ste 200

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: PETE N. DATE: Mar. 2/2019