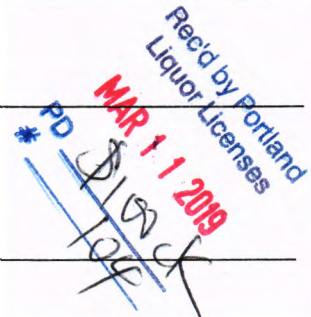




OREGON LIQUOR CONTROL COMMISSION

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"/> 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		
<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		OLCC USE ONLY
<input type="checkbox"/> Off-Premises		Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps		<u>3/8/19</u>
<input type="checkbox"/> Warehouse		By: <u>Jan Z.</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine		Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	<u>3/8/19</u>	
<input type="checkbox"/> Winery 2 nd Location	By: <u>Jan Z.</u>	
<input type="checkbox"/> Winery 3 rd Location	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):

Culture 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>Culture LLC Andree Karam</i>		Applicant #2	
Applicant #3 <i>Culture</i>		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Culture</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>2422 S.E. Hawthorn Portland OR</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97214</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>2008 SW River Square</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97201</i>	
9. Phone Number of the Business Location <i>503-704-9478</i>		Email Contact for this Application <i>andree.karam@hotmail.com</i>	
Contact Person for this Application <i>Andree Karam</i>		Phone Number <i>503-704-9478</i>	
Mailing Address <i>2008 S.W. River Square</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97201</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.



(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: ANDRE KARAM Phone: 503-704-9478

Trade Name (dba): Culture

Business Location Address: 2422 S.E. Hawthorne

City: Portland OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12 to 10
Monday Closed
Tuesday 11 to 11
Wednesday 11 to 11
Thursday 11 to 2am
Friday 11 to 2am
Saturday 11 to 2am

Outdoor Area Hours:

Sunday 12 to 10
Monday Closed
Tuesday 11 to 11
Wednesday 11 to 11
Thursday 11 to 2am
Friday 11 to 2am
Saturday 11 to 2am

The outdoor area is used for:

Food service Hours: 11 to 2am
Alcohol service Hours: 11 to 2am
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, 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 3pm to 6pm
Monday Closed
Tuesday 3pm to 6pm
Wednesday 3pm to 6pm
Thursday 10 to 2am
Friday 10 to 2am
Saturday 10 to 2am

Optional

SEATING COUNT

Restaurant: 78 Outdoor: 40
Lounge: Other (explain):
Banquet: 39 Total Seating: 157

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: 3/8/19

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 15/8593-95

Please Print or Type

LLC Name: Culture LLC Year Filed: 2019

Trade Name (dba): Culture

Business Location Address: 2422 S.E. Hawthorne

City: Portland, OR ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. Andre Karam
(managing member)

100%

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: Cameron McNelly DOB: 11/15/1995

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

Signature: [Signature] ANDRE Omer Date: 3/7/19
(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: Culture LLC

DBA OR TRADE NAME: _____ PHONE: 503-704-9478 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 21,22 S.E. Hawthorne Portland OR 97214

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

CONTACT PERSON: Andree Karam PHONE: 503-704-9478 EMAIL: _____

andree.karam@hotair.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input checked="" type="checkbox"/> Restaurant | <input checked="" type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 78 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 40

DESCRIBE SECURITY: _____

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 CLOSE: 11 FRIDAY & SATURDAY OPEN: 11 CLOSE: 2

HOW LATE WILL THERE BE OUTSIDE SEATING? 2 HOW LATE WILL THERE BE ENTERTAINMENT? 2

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Vice

NAME & ADDRESS OF PROPERTY OWNER: _____

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input checked="" type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input checked="" type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input checked="" type="checkbox"/> Recorded Music | <input checked="" type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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 503-865-2438. 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: 3-11-19



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: 2422 SE HAWTHORNE BLVD

R#: R178537

State ID: 1S1E01CB 19300

Zone: CM2d(MU-U),R2.5

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2d(MU-U),R2.5 zone

Additional Comments:

Per 33.130.100 Primary Uses and Table 130-1 Retail Sales and Service uses are allowed by right in the CM2 zone. No restrictions are imposed by the overlay zones.

Phil Nameny

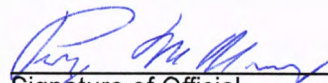
Name of City Official

City Planner

Title

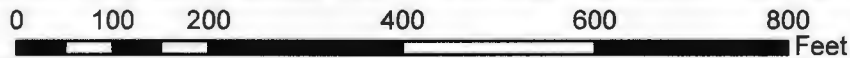
503-823-7709

Contact Number


Signature of Official

3 / 8 / 2019

Date



1 inch = 200 feet

