



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	_____
<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 type="checkbox"/> Limited On-Premises	
<input checked="" 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:
	3/19/19
	By: Jon Z.
	Date application accepted as initially complete:
	3/20/19
	By: Jon Z.
	License Action(s): C/O

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

JS STORES LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

Rec'd by Portland
Liquor Licenses
MAR 20 2019
PD \$75.00 clk
90

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1 JOHN ROSE SHARMA		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) EVERGREEN MARKET			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 5444 NE 42ND AVE			
City PORTLAND	County MULTNOMAH	Zip Code 97218	
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)			
City	State	Zip Code	
9. Phone Number of the Business Location (503) 282- 0013	Email Contact for this Application sunitikajohn@gmail.com		
Contact Person for this Application JOHN ROSE SHARMA		Phone Number (503) 508-8492	
Mailing Address 7613 NE CHESAPEAKE ST	City HILLSBORO	State OR	Zip Code 97124

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: JS Stores LLC Phone: (503) 282-0013

Trade Name (dba): Evergreen Market

Business Location Address: 5444 NE 42nd Ave

City: Portland ZIP Code: 97218

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>8:00^{am}</u> to <u>10:00^{pm}</u>
Monday	<u>7:00^{am}</u> to <u>10:00^{pm}</u>
Tuesday	<u>7:00^{am}</u> to <u>10:00^{pm}</u>
Wednesday	<u>7:00^{am}</u> to <u>10:00^{pm}</u>
Thursday	<u>7:00^{am}</u> to <u>10:00^{pm}</u>
Friday	<u>7:00^{am}</u> to <u>10:00^{pm}</u>
Saturday	<u>8:00^{am}</u> to <u>10:00^{pm}</u>

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:

- | | |
|--|--|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input checked="" type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: _____	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: *Julie* Date: 3/11/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



S.S: 1533449-90

Please Print or Type

LLC Name: JS STORES LLC Year Filed: 2019

Trade Name (dba): EVERGREEN MARKET

Business Location Address: 5444 NE 42ND AVE

City: PORTLAND ZIP Code: 97218

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. JOHN R SHARMA (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: _____ DOB: _____

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

Signature: John R Sharma MANAGER Date: 3/11/19
(name) (title)

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

Submit to: Theresa Marchetti, Office of Neighborhood Involvement, 1221 SW 4th Av, Ste 110, Portland, OR 97204
(503) 823-3092

City Endorsement Fees are payable at the beginning of the application process: New outlets are \$100.00. All others are \$75.00. Make checks payable to the City of Portland. You must include the OLCC Liquor Application form, initialed by your OLCC License Investigator and all OLCC Individual History forms. All blanks must be filled in. If the question does not apply, write "N/A" in the space. All persons who are anticipated to have a financial interest and key personnel must complete City of Portland Personal History forms. 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. A City liquor endorsement is not a confirmation that the property is properly zoned. Call 823-7526 to confirm that the property is properly zoned.

Legal Name of Business: JS stores LLC

DBA or Trade Name: Evergreen Market Phone: (503) 282-0013 Fax: —

Business Address, including Zip Code: 5444 NE 42nd Ave Portland OR 97218

What type of liquor license are you applying for? (Change owner, new outlet, beer & wine, etc.) Off Premises sales

Contact person: John R Sharma Contact phone: (503) 508-8492 E-mail: sunitika.john@gmail.com

Please note: New Outlet Package Stores may be subject to the Convenience Store Review process through the Planning Bureau. Call 823-7526 for applicable information, regulations and forms.

DESCRIPTION OF OUTLET:

Type of Operation: (Check all that apply) <input type="checkbox"/> Food Cart/Food Cart Pod <input type="checkbox"/> Restaurant <input type="checkbox"/> Sports bar <input type="checkbox"/> Tavern	<input type="checkbox"/> Night Club <input checked="" type="checkbox"/> Convenience Store <input type="checkbox"/> Other (Please Describe _____)	Size of Service area: <u>1200sq</u> Existing Building: (circle) YES / NO Zoning: <u>com</u> Structural Changes: (describe): : <u>None</u>
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Seating Capacity: Restaurant ___ Lounge/Bar ___ Outside Sidewalk ___ Outside patio ___

Will you be seeking a sidewalk café permit? YES / NO – Date Obtained/Applied for / /

Describe Security:

Has an application for a liquor license at this location been received by the City of Portland in the last 2 years? yes no don't know

HOURS OF OPERATION Friday Sunday

Sunday through Thursday open 7:00am close 10:00 pm Friday & Saturday open 8:00am close 10:00 pm

How late will you have outside seating?

How late will you have entertainment?

HISTORY OF LOCATION

Previous Business Name of this location:

Evergreen market (same)

Name and Address of Property Owner:

Michelle M Y; 4404 NE 166th Ave Vancouver WA 98682

ENTERTAINMENT:

<input type="checkbox"/> Dancing <u>None</u> <input type="checkbox"/> Karaoke <input type="checkbox"/> Live Music <input type="checkbox"/> Recorded Music	<input type="checkbox"/> Video Poker <input type="checkbox"/> Video games/Pinball <input type="checkbox"/> Social Gaming <input type="checkbox"/> Pool Tables (If yes, how many?)	<input type="checkbox"/> Nude Dancers <input type="checkbox"/> DJ Entertainment <input type="checkbox"/> Events (describe) _____ <input type="checkbox"/> Other (describe) _____
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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.

Use this area to provide any additional information that you wish to be considered on this liquor application.

None

A false answer or omission of any requested information may result in an unfavorable City recommendation.

Signature: [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: 5444 NE 42ND AVE

R#: R194248

State ID: 1N2E19BB 3800

Zone: CM2hm(MU-N)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2hm(MU-N) zone

Additional Comments:

Zoning: CM2-Commercial/Mixed Use 2 zone with "h"- aircraft landing overlay and "m"-Centers main street overlay zone. 33.130.100 and Table 130-1 allows retail sales and service use by outright. This retail store does not meet the City's definition (33.910) of a convenience store since it is open less than 15 hours a day

Lois Jennings

Name of City Official

City Planner

Title

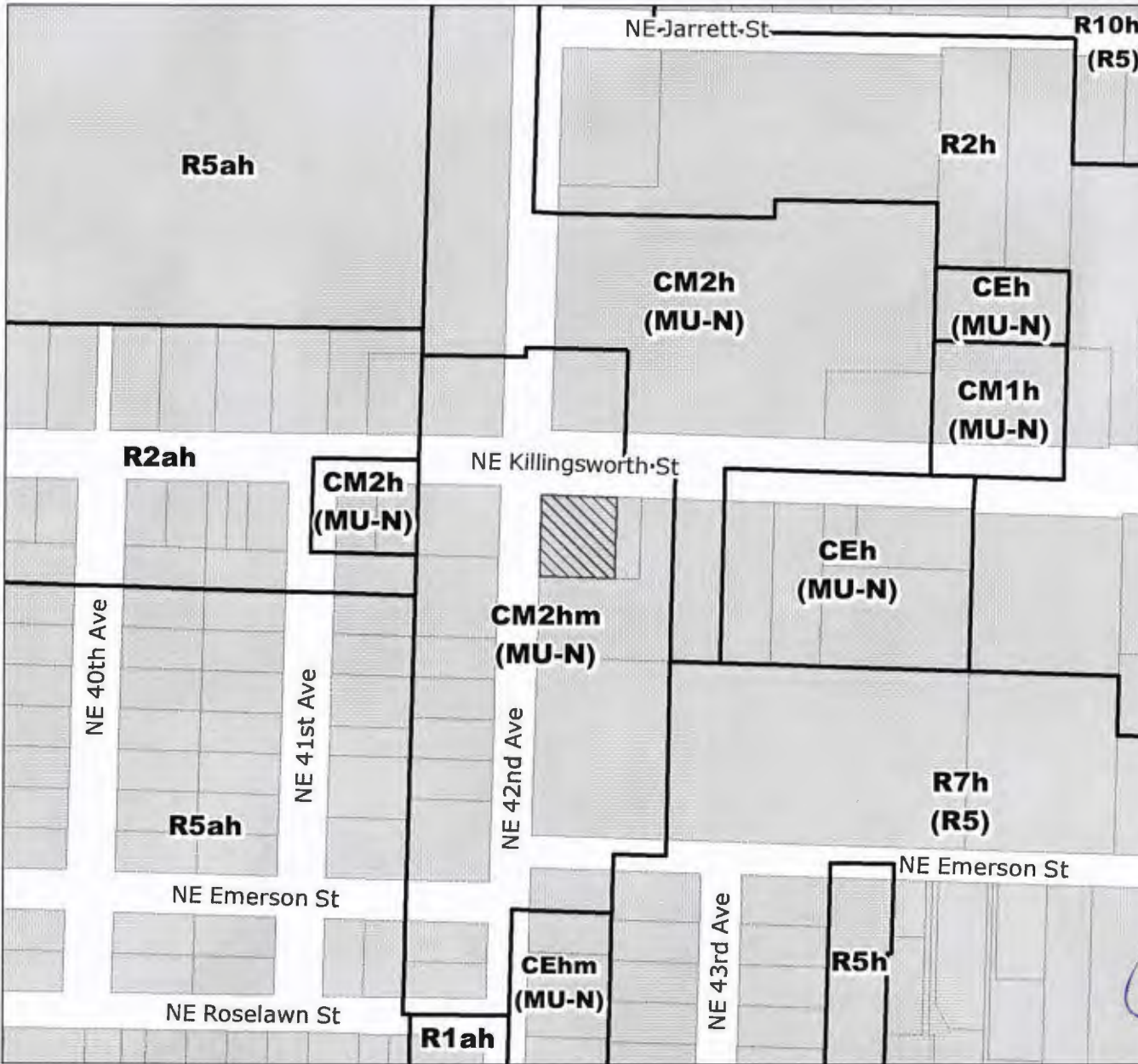
503-823-2877

Contact Number

Signature of Official

3 / 20 / 2019

Date



0 100 200 400 600 800 Feet 1 inch = 200 feet

