



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 <sup>st</sup> Location	Date application received:
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> location	Date: _____
<input type="checkbox"/> Distillery	
<input 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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> 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 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	
	<b>OLCC USE ONLY</b>
	Date application received:
	3/11/19
	By: <u>Jon Z.</u>
	Date application accepted as initially complete:
	3/12/19
	By: <u>Jon Z.</u>
	License Action(s): <u>N/O</u>

Rec'd by Portland  
Liquor Licenses  
MAR 22 2019  
PD # 45100  
1008  
EK

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

HARRIS BREWING 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 <b>HARRIS Brewing LLC</b>		Applicant #2 <b>JOHN HARRIS</b>	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <b>Ecliptic Brewing</b>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <b>3250 NW YEON AVE Suite 1-3W</b>			
City <b>Portland</b>	County <b>MULTNOMAH</b>	Zip Code <b>97210</b>	
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) <b>825 N COOK ST</b>			
City <b>Portland</b>	State <b>OR</b>	Zip Code <b>97227</b>	
9. Phone Number of the Business Location <b>503 265 8002</b>		Email Contact for this Application <b>John@ECLIPticBrewing.com</b>	
Contact Person for this Application <b>JOHN HARRIS</b>		Phone Number	
Mailing Address <b>825 N COOK ST</b>	City <b>Portland</b>	State <b>OR</b>	Zip Code <b>97227</b>

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.

**John Harris**  
(Applicant #1)

**John Harris**  
(Applicant #2)

\_\_\_\_\_  
(Applicant #3)

\_\_\_\_\_  
(Applicant #4)





OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: HARRIS Brewing LLC Phone: 503 265 8002

Trade Name (dba): Ecliptic Brewing

Business Location Address: 3250 NW Yeon Ave Suite 1-3W

City: Portland ZIP Code: 97210

**DAYS AND HOURS OF OPERATION**

THIS WILL BE A SHIPPING WAREHOUSE

Business Hours:  
Sunday 6 to 6  
Monday 6 to 6  
Tuesday 6 to 6  
Wednesday 6 to 6  
Thursday 6 to 6  
Friday 6 to 6  
Saturday 6 to 6

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)

Initially this will warehouse and ship beer only  
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 \_\_\_\_\_ 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: John Harris Date: 3-7-19

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 890349-96

Please Print or Type

LLC Name: HARRIS Brewing LLC Year Filed: 2012

Trade Name (dba): Ecliptic Brewing

Business Location Address: 3250 MYRON AVE Suite 1-3W

City: Portland OR 97208 ZIP Code: 97210

List Members of LLC:

1. John Harris  
(managing member)

Percentage of Membership Interest:

51%

2. See Attached  
(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: John Harris DOB: 7-24-1963

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

Signature: [Signature] Date: 3/7/19  
(name) (title)



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SoS: 885661-96

Please Print or Type

LLC Name: Liquid Dough, LLC Year Filed: 2012  
Trade Name (dba): N/A  
Business Location Address: 21420 Willamette Drive, Suite B  
City: West Linn ZIP Code: 97068

List Members of LLC:

Percentage of Membership Interest:

- |   |                         |
|---|-------------------------|
| 1. <u>T&amp;E Asset Management, Inc</u><br><small>(managing member)</small> | <u>0%, manager only</u> |
| 2. <u>Story House Properties, LLC</u><br><small>(members)</small>           | <u>100%</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: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Signature: [Signature] President, T&E Asset Management Date: 3-7-19  
(name) (title)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SoS: 323345-91

Please Print or Type

LLC Name: Story House Properties, LLC Year Filed: 2005

Trade Name (dba): N/A

Business Location Address: 21420 Willamette Drive, Suite A

City: West Linn ZIP Code: 97068

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>T&amp;E Asset Management, Inc</u> <small>(managing member)</small>	<u>0%, manager only</u>
2. <u>Todd Cowing</u> <small>(members)</small>	<u>43.5%</u>
3. <u>Esther Cowing</u>	<u>43.5%</u>
4. <u>Esmeé Cowing</u>	<u>13%</u>
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: Todd Cowing (name) President, T&E Asset Management (title) Date: 3-7-19

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 897062-97

Please Print or Type

LLC Name: Co-Humulone Investmentas Year Filed: 2012

Trade Name (dba): Co-Humulone Investments LLC

Business Location Address: 4411 NE Skidmore St.

City: Portland ZIP Code: 97218

List Members of LLC:

Percentage of Membership Interest:

1. Charles F. Culp, Jr  
(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: Charles F. Culp, Jr (name) Managing Member (title) Date: 3-7-19



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 90705A-93

Please Print or Type

LLC Name: Lima, LLC Year Filed: 2013

Trade Name (dba): n/a

Business Location Address: 5556 NE Prescott Street

City: Portland, OR ZIP Code: 97218

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Josh Bean</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: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Signature: [Signature] \_\_\_\_\_ Date: Mar 8, 2019  
(name) (title)



# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4th Avenue, Suite #1110, 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 email (with a copy of this form) and given an opportunity to comment on your application. The OLIC 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 503-323-7515 to confirm that the property is properly zoned.

On submission of this form, you must also include the following:

- OLIC Liquor Application Form, initiated by your OLIC License Investigator
- OLIC and Driver 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 \$1000.00, all others are \$750.00. All blank sections must be filled in. If the question does not apply, write "N/A" in the space.

LEGAL NAME OF BUSINESS: HARRIS BREWING LLC  
 DBA OR TRADE NAME: Ecliptic Brewing PHONE: 503 265 8002 cell 503 939-7264  
 BUSINESS ADDRESS (including ZIP code): 3250 NW Yeon 1-3W 97210

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): 2nd Location Brew PUB  
 CONTACT PERSON: John HARRIS PHONE: 503 265 8002 EMAIL: John@Eclipticbrewing.com

DESCRIPTION OF OUTLET: 2nd Location Brew PUB License For SHIPPING WAREHOUSE

TYPE OF OPERATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Food Cam	<input type="checkbox"/> Night Club	SIZE OF SERVICE AREA: _____
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sports Bar	EXISTING BUILDING: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Convenience Store	<input checked="" type="checkbox"/> Other: <u>Bar</u>	ZONING: _____
STRUCTURAL CHANGES (DESCRIBE): _____		

RESTAURANT SEATING CAPACITY: — LOUNGE SEATING CAPACITY: — OUTSIDE SEATING CAPACITY: \_\_\_\_\_

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  Don't Know

HOURS OF OPERATION: SHIPPING 7-5 Daily  
 SUNDAY - THURSDAY OPEN: \_\_\_\_\_ CLOSE: \_\_\_\_\_ FRIDAY & SATURDAY OPEN: \_\_\_\_\_ CLOSE: \_\_\_\_\_

HOW LATE WILL THERE BE OUTSIDE SEATING? \_\_\_\_\_ HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: \_\_\_\_\_

NAME & ADDRESS OF PROPERTY OWNER: John owners Group % GLP Management  
Two North Riverside Plaza Suite 2350 Chicago, IL 60606

**ENTERTAINMENT**

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Dancing	<input type="checkbox"/> Video Poker	<input type="checkbox"/> Live Music	<input type="checkbox"/> Nude Dancers
<input type="checkbox"/> Karaoke	<input type="checkbox"/> Video Games/Pinball	<input type="checkbox"/> Recorded Music	<input 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 503-355-2433. 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.  
THIS IS A SECOND LOCATION TO SHIP OUR BEER OUT OF INITIALLY

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

SIGNATURE: John Harris DATE: 3-13-19  
 CORPORATE ADDRESS: 825 N Cook St 97227



# 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: 3250-3340 NW YEON AVE

R#: R236763

State ID: 1N1E29AA 1400

**Zone:** IHk

**Plan District:** GUILDS LAKE

**Proposed Use:** OTHER

OTHER is an ALLOWED use in the IHk zone

### Additional Comments:

Warehouse and Freight Movement use allowed outright in base zone by 33.140.100 and Table 140-1. No restrictions from plan district or overlay zone.

**Thomas Soppe**

Name of City Official

**City Planner**

Title

**503-823-7908**

Contact Number

Signature of Official

**3 /22 /2019**

Date



1 inch = 200 feet

