



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	_____
<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 checked="" 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 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	
	<p style="text-align: center;">OLCC USE ONLY</p> <p>Date application received: <u>3/11/19</u></p> <p>By: <u>Jan Z</u></p> <p>Date application accepted as initially complete: <u>3/14/19</u></p> <p>By: <u>Jan Z</u></p> <p>License Action(s): <u>N/O</u></p>

Rec'd by Portland
Liquor Licenses
PD # 018140
MAR 25 2019
\$100 ck

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

Portland Silver Cloud Inn, LP _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

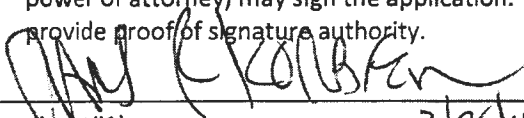
3. Applicant #1 Portland Silver Cloud Inn, LP		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Silver Cloud Hotel - Portland			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2426 NW Vaughn Street			
City Portland	County Multnomah	Zip Code 97210	
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) 103 118th Avenue SE Suite 300			
City Bellevue	State WA	Zip Code 98005	
9. Phone Number of the Business Location 503.242.2400		Email Contact for this Application jimk@silvercloud.com	
Contact Person for this Application James R Korbein		Phone Number 425.637.9800	
Mailing Address 103 118th Avenue SE #300	City Bellevue	State WA	Zip Code 98005

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) 2/25/19

 (Applicant #2)

James R. Korbein, Vice-President
 Silver Cloud, Inc. – General Partner
 Portland Silver Cloud Inn, LP

 (Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: PORTLAND SILVER CLOUD INN, LP Phone: 425 637 9800

Trade Name (dba): SILVER CLOUD HOTEL - PORTLAND

Business Location Address: 2426 NW VAUGHN ST.

City: PORTLAND ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

Table with 2 columns: Day (Sunday-Saturday) and Hours (7 AM to 11 PM)

Outdoor Area Hours:

Table with 2 columns: Day (Sunday-Saturday) and Hours (N/A)

The outdoor area is used for:

- Food service
Alcohol service
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: N/A

- 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

Table with 2 columns: Day (Sunday-Saturday) and Hours (N/A)

SEATING COUNT

Restaurant: 40 Outdoor: -
Lounge: 6 Other (explain): -
Banquet: - Total Seating: 46

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: [Signature] Date: 2/25/19



OREGON LIQUOR CONTROL COMMISSION
LIMITED PARTNERSHIP QUESTIONNAIRE

Please Print or Type

Partnership Name: Portland Silver Cloud Inn, LP Year Filed: _____

Trade Name (dba): Silver Cloud Hotel - Portland

Business Location Address: 2426 NW Vaughn Street

City: Portland ZIP Code: 97210

List Partners:

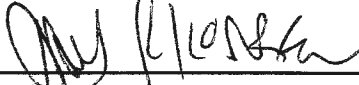
Indicate if General Partner or Limited Partner:

- | | |
|--|------------------------|
| 1. <u>Silver Cloud, Inc.</u> .1% | <u>General Partner</u> |
| 2. <u>James & Roberta Weymouth Living Trust</u> 63.4% | <u>Limited Partner</u> |
| 3. <u>(13) other limited partners that that no one one</u> | <u>Limited Partner</u> |
| 4. <u>person owns more than 3.75%</u> | <u>(see attached)</u> |
| 5. _____ | _____ |
| 6. _____ | _____ |

(Note: If any partner is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire.)

Server Education Designee: Lynda Geiger DOB: 12/22/1961

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

Partner Signature:  U.P. Date: 2/25/19
(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) - 823-7525 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: PORTLAND SILVER CLOUD INN, LP

DBA OR TRADE NAME: SILVER CLOUD HOTEL PHONE: 503 242 2400 FAX: 503 242 1770

BUSINESS ADDRESS (Including ZIP Code): 2426 NW VAUGHN ST. PORTLAND, OR 97210

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET - FULL ON PREMISES

CONTACT PERSON: JIM KORBEN PHONE: 425 679 800 EMAIL: JIMK@SILVERCLOUD.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 type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: 491 SQ. FT.

EXISTING BUILDING: Yes No

ZONING: CM-2

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 40 LOUNGE SEATING CAPACITY: 6 OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: 24/7 STAFFED HOTEL

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: 6 AM CLOSE: 11 PM FRIDAY & SATURDAY OPEN: 7 AM CLOSE: 11 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: _____

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 503-865-2433. 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: [Signature] DATE: 3/20/19



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: 2426 NW VAUGHN ST

R#: R309858

State ID: 1N1E28CC 2500

Zone: **CM2**

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2 zone

Additional Comments:

Retail Sales and Service uses are allowed by right in the CM2 zone per 33.130.100 and Table 130-1.

Douglas Strickler

Name of City Official

City Planner

Title

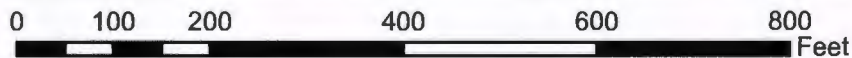
503-823-7919

Contact Number

Signature of Official

3 / 12 / 2019

Date



1 inch = 200 feet

