



LIQUOR LICENSE APPLICATION

PRINT FORM

RESET FORM

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 | |

Rec'd by Portland
Liquor Licenses
MAR 27 2019
PD # 875
CASH

| OLCC USE ONLY | |
|--|---------|
| Date application received: | 3/27/19 |
| By: | Jon Z. |
| Date application accepted as initially complete: | 3/27/19 |
| 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):

SOHEL VASANI

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

| | |
|---------------|----------------------------------|
| OLCC USE ONLY | OLCC FINANCIAL SERVICES USE ONLY |
|---------------|----------------------------------|



LIQUOR LICENSE APPLICATION

| | | | |
|--|----------------------------|-------------------------------------|--------------------------|
| 3. Applicant #1 SOHEL VASANI | | Applicant #2 | |
| Applicant #3 | | Applicant #4 | |
| 4. Trade Name of the Business (Name Customers Will See) Speedy Market | | | |
| 5. Business Address (Number and Street Address of the Location that will have the liquor license) 7839 NE Alisan St | | | |
| City Portland | County MULTNOMAH | Zip Code 97213 | |
| 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) 7839 NE Alisan St | | | |
| City PORTLAND | State OR | Zip Code 97213 | |
| 9. Phone Number of the Business Location 503-254-2491 | | Email Contact for this Application | |
| Contact Person for this Application SOHEL VASANI | | Phone Number 541-817-7661 | |
| Mailing Address 333 E-Central Ave | City Sutherlin | State OR | Zip Code 97479 |

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.

Sohel Vasani

(Applicant#1)

(Applicant #2)

(Applicant#3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: SSVASANI, LLC Phone: 541-817-7661

Trade Name (dba): SPEEDY MARKET

Business Location Address: 7839 NE GIBSON ST

City: PORTLAND ZIP Code: 97213

DAYS AND HOURS OF OPERATION

Business Hours:

| | | | |
|-----------|----------|----|-----------|
| Sunday | <u>7</u> | to | <u>10</u> |
| Monday | <u>7</u> | to | <u>10</u> |
| Tuesday | <u>7</u> | to | <u>10</u> |
| Wednesday | <u>7</u> | to | <u>10</u> |
| Thursday | <u>7</u> | to | <u>10</u> |
| Friday | <u>7</u> | to | <u>10</u> |
| Saturday | <u>7</u> | to | <u>10</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:

- 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: Johel Varan Date: 3/26/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

Reset Form

Print Form

SOS: 1538480-99

Please Print or Type

Corporation Name: SS VASANI, LLC Year Incorporated: 2019

Trade Name (dba): SPEEDY MARKET

Business Location Address: 7839 NE GIBSON ST

City: PORTLAND ZIP Code: 97213

List Corporate Officers:

SOHEL VASANI
(name)

MANAGING MEMBER
(title)

List Board of Directors:

SOHEL VASANI N/A
(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

| Stockholders: | Number of Shares Held: |
|---------------|------------------------|
| <u>N/A</u> | |
| | |
| | |
| | |

| Number of Stock Shares: |
|---|
| Issued: _____ |
| Unissued: _____ |
| Total Shares Authorized to Issue: _____ |

Server Education Designee: _____ DOB: _____
(See Liquor License Application Guide for more information)

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

Officer's Signature: Sohel Vaani ORGANIZER Date: 3/26/19
(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) - 323-7525 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: SSVASANI, LLC

DBA OR TRADE NAME: Speedy Market PHONE: _____ FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 7839 N.E. Cilisan St Portland 97213

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

CONTACT PERSON: Sohel Vasani PHONE: 541-877-7661 EMAIL: sohelvasani@gmail.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: 2800 sqft

EXISTING BUILDING: Yes No

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

SUNDAY - THURSDAY OPEN: 7 AM CLOSE: 10 PM FRIDAY & SATURDAY OPEN: 7 AM CLOSE: 10 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: _____

NAME & ADDRESS OF PROPERTY OWNER: Yong Kim
1683 SW Phyllis Ave Gresham 97080

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 503-355-2433. 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

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

SIGNATURE: Sohel Vasani DATE: 3/27/19



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: 7831-7839 NE GLISAN ST

R#: R227448

State ID: 1N2E32AD 13500

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 use is allowed outright. Store is open 15 hours daily (7am to 10pm). Since not open more than 15 hours, store is not considered a "convenience store" under the Zoning Code definition.

Andy Gulizia

Name of City Official

City Planner

Title

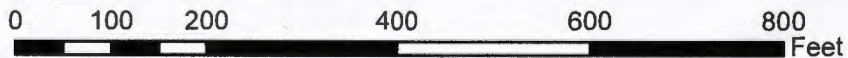
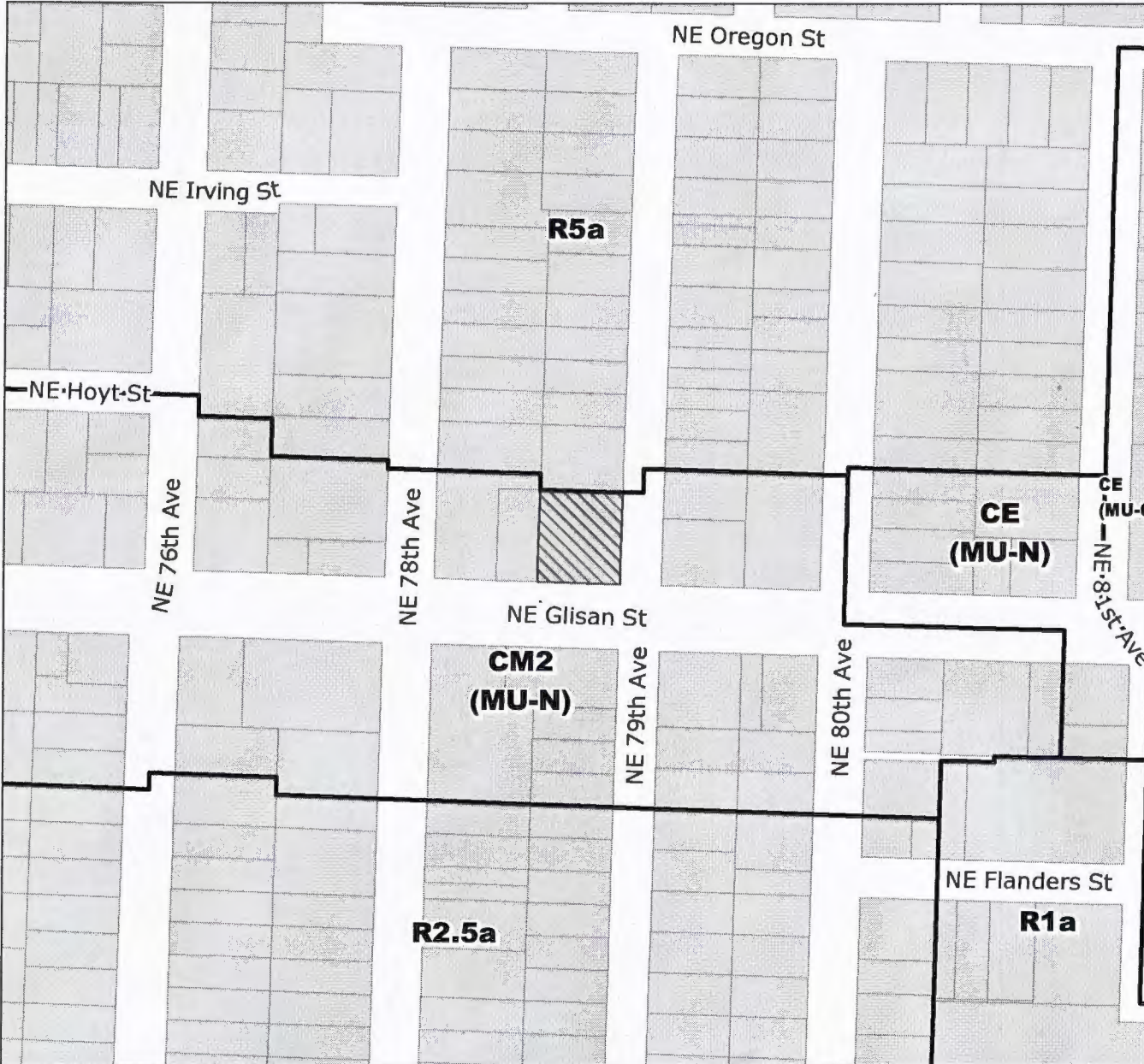
503-823-7010

Contact Number

Signature of Official

3 / 27 / 2019

Date



1 inch = 200 feet

