



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 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	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input checked="" 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:
	1/10/19
	By: Jan Z.
	Date application accepted as initially complete:
	5/7/19
	By: Jan Z.
	License Action(s): N/O

Rec'd by Portland
Liquor Licenses
MAR 28 2019
PD \$100
#43676

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

Savage Cru LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED</p> <p>JAN 10 2019</p> <p>Jan Z.</p>	



LIQUOR LICENSE APPLICATION

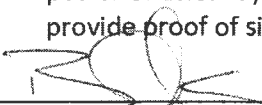
3. Applicant #1 Savage Cru LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Savage Cru			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 5053 SE Ramona Street Portland Oregon, 97026			
City Portland	County Multnomah	Zip Code 90202	
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) 5053 SE Ramona Street			
City Portland	State OR	Zip Code 97206	
9. Phone Number of the Business Location 971-280-2607		Email Contact for this Application brandon@savagecru.com	
Contact Person for this Application Brandon Adams		Phone Number 971-280-2607	
Mailing Address 5053 SE Ramona Street	City Portland	State OR	Zip Code 97206

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: Savage Cru LLC Phone: 971-280-2607

Trade Name (dba): Savage Cru

Business Location Address: 5053 SE Ramona Street

City: Portland ZIP Code: 97206

DAYS AND HOURS OF OPERATION

Business Hours:

Outdoor Area Hours:

The outdoor area is used for:

Sunday _____ to _____
Monday 8am to 9am
Tuesday 8am to 9am
Wednesday 8am to 9am
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

D Food service Hours: _____ to _____
D Alcohol service Hours: _____ to _____
D Enclosed, how _____
The exterior area is adequately viewed and/or supervised by Service Permittees.
_____(Investigator's Initials)

Seasonal Variations: D Yes **D No** If yes, explain: _____

ENTERTAINMENT

Check all that apply:

DAYS & HOURS OF LIVE OR DJ MUSIC

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: _____

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: _____	

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1471102-90

Please Print or Type

LLC Name: Savage Cru LLC Year Filed: 2018

Trade Name (dba): Savage Cru

Business Location Address: 5053 SE Ramona Street

City: Portland ZIP Code: 97206

List Members of LLC:


Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>Brandon Adams</u>
(managing member) | <u>50%</u> |
| 2. <u>Rebecca Savage</u>
(members) | <u>50%</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: N/A DOB: _____

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

Signature:  (name)
Co-Founder (title)
Date: 1/7/19

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: _____

DBA OR TRADE NAME: Savage Cru PHONE: 971 280 2607 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 5053 SE Hamona St. Portland, OR 97206

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

CONTACT PERSON: Brandon Adams PHONE: 971 280 2607 EMAIL: brandon@savagecru.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

Food Cart Night Club

Restaurant Sports Bar

Convenience Store Other: WMBW

SIZE OF SERVICE AREA: _____

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 I Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: NA Warehouse only Biz hrs only by Appt. 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: _____

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: Warehouse

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 503-855-2438. 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: 3/21/19



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: 5053 SE RAMONA ST

R#: R688043

State ID: 1S2E18CA 4102

Zone: R5

Plan District:

Proposed Use: OTHER

OTHER is an ALLOWED use in the R5 zone

Additional Comments:

Type A Home Occupation for Office is allowed in residential zones - no customers or customers, no sales or storage/warehousing of product.

Brandon Rogers

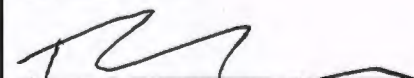
Name of City Official

City Planner

Title

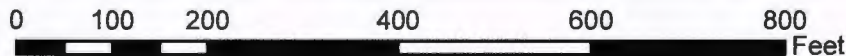
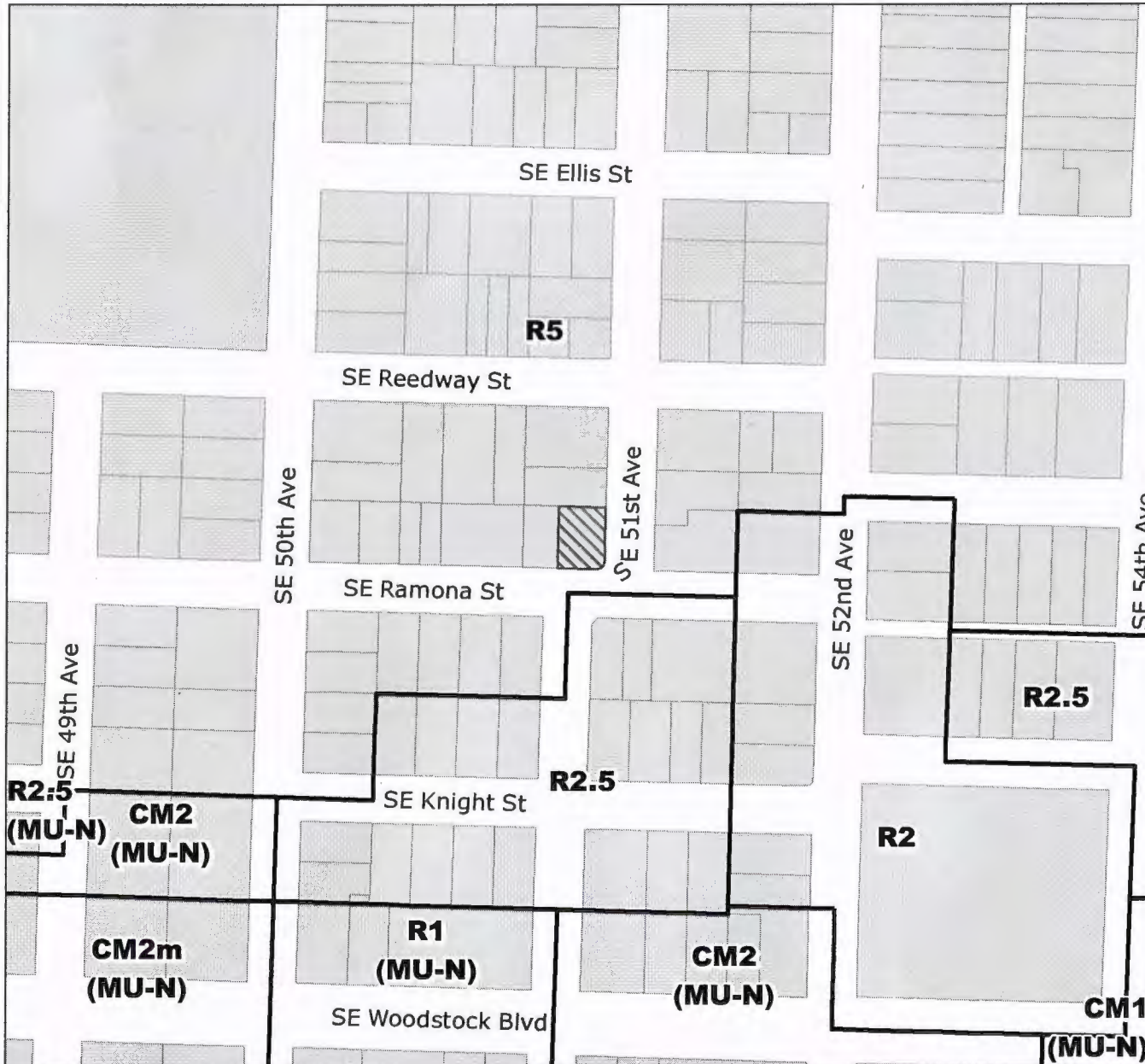
503-823-7300

Contact Number


Signature of Official

3 / 18 / 2019

Date



1 inch = 200 feet

