



LIQUOR LICENSE APPLICATION

Pending

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	Date application received:
<input type="checkbox"/> Warehouse	<i>2/12/19</i>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	By: <i>Jan Z.</i>
<input type="checkbox"/> Winery 1 st Location	Date application accepted as initially complete:
<input type="checkbox"/> Winery 2 nd Location	<i>2/25/19</i>
<input type="checkbox"/> Winery 3 rd Location	By: <i>Jan Z.</i>
	License Action(s): <i>N/O</i>

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

Amber Ion (A+B Ion Inc)
(Applicant #1)

Bogdan Ion (A+B Ion Inc)
(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

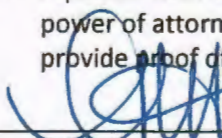
3. Applicant #1 <i>A + B Ion Inc.</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Beaumont LIQUOR</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>3334 NE KILLINGSWORTH ST</i>			
City <i>Portland</i>	County <i>OREGON (mult)</i>	Zip Code <i>97211</i>	
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) <i>Same as above</i>			
City	State	Zip Code	
9. Phone Number of the Business Location <i>503 282 0170</i>		Email Contact for this Application <i>beaumontpdx@yahoo.com</i>	
Contact Person for this Application <i>Amber Ion</i>		Phone Number <i>971-404-8010</i>	
Mailing Address <i>2876 SE Quail DR.</i>	City <i>Gresham</i>	State <i>OR</i>	Zip Code <i>97080</i>

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is **prohibited** on the licensed premises.

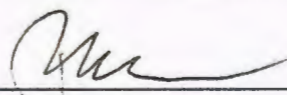
I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

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: Amber Lon Phone: 971.404.8010

Trade Name (dba): Beaumont LIQVOR

Business Location Address: 3334 NE Killingsworth St.

City: Portland Oregon ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>12</u>	to	<u>6</u>
Monday	<u>11</u>	to	<u>7</u>
Tuesday	<u>11</u>	to	<u>7</u>
Wednesday	<u>11</u>	to	<u>7</u>
Thursday	<u>11</u>	to	<u>7</u>
Friday	<u>11</u>	to	<u>8</u>
Saturday	<u>11</u>	to	<u>8</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: Summer hours to be extended

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 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: [Signature] Date: 2/8/19



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

SOS: 1502172-98

Please Print or Type

Corporation Name: A & B 10N LNC Year Incorporated: 2019

Trade Name (dba): Beaumont LIQUOR

Business Location Address: 3334 NE Kullingsworth Pt.

City: Portland Oregon ZIP Code: 97211

List Corporate Officers:

(name) Amber 10n ; (title) President (agent 1192)

Bogdan 10n ; (title) Vice President

List Board of Directors:

(name) Amber 10n - agent-owner President

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:	Number of Stock Shares:
<u>Amber 10n</u>	<u>1000</u>	Issued: <u>1000</u>
		Unissued: <u>0</u>
		Total Shares Authorized to Issue: <u>1000</u>

Server Education Designee: N/A 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: [Signature] (name) President (title) Date: 8/16/19

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) - 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: A & B Ion, LLC

DBA OR TRADE NAME: Beaumont LIQUOR PHONE: 503 282 0178 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 3334 NE Killingsworth

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

CONTACT PERSON: Amber Ion PHONE: 971 404 8010 EMAIL: beaumontpdx@yahoo.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: LIQUOR STORE

SIZE OF SERVICE AREA: 1500 SQ FT

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

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

DESCRIBE SECURITY: Pdx Security & alarm company

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: 12-6 CLOSE: _____ FRIDAY & SATURDAY OPEN: 12-8pm CLOSE: _____

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: LIQUOR STORE

NAME & ADDRESS OF PROPERTY OWNER: NAL Elliot & associates; landlord address is unknown

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: NONE

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 503-365-2433. 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:

We are a LIQUOR

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

SIGNATURE: [Signature] DATE: 3/10/19

Property Search

Owner Name: NO APPLES V-KILLINGSWORTH LL

Site Address: 3318 W/NE KILLINGSWORTH ST

State ID: IN IF74AR 6900

Account #: R307445

Search Clear PortlandMaps

Geocode Address When Taxlot Not Found

Search is Based on Active Field Only

Hide Personal Property Accounts

Display Taxlot Detail Window

Navigate Query Results

Owner	Site Address	State
NO APPLES V-KILLINGSWORTH LL	3318 W/NE KILLINGSWORTH ST	IN 11E2

Zoning is CM2dh
 Per 33.130.100
 and Table 130-1
 Retail sales and
 Service are
 allowed in CM2dh,
 including sales
 of beer + wine
 Rodney Jennings
 City Planner
 (503) 823-5088



Taxlot Details

Lot Size: 5211 sqft	Building Size:	Map Number: 2534	Zoning Code(s): CM2dh	<input type="checkbox"/> Section Map	<input type="checkbox"/> Tax Map	<input type="checkbox"/> Zoning Map
Legal Description: WILLAMETTE ADD, BLOCK 26, LOT 36&37, LOT 38 EXC PT IN ST	Lot & Block: 36&37, 38	Historic District:	Plan District:	LUR Case History: (5 Cases)		
Mailing Information: NO APPLES V-KILLINGSWORTH LLC, 901 NE GLISAN ST, PORTLAND, OR 97232	26	Conservation District:	SubDistrict:	LUR 00-596		
		Jurisdiction: Portland	SubArea:	LUR 01-672		
			NRMP:	LUR 01-774		
				LUR 02-034		
				PC 4905		
				<input type="checkbox"/> Draw LURs	<input type="button" value="LUR Search"/>	

Bureau of Development Services
 Land Use Review
 1900 SW 4th Ave. Suite 5000
 Portland, OR 97201