



# 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	_____
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	_____
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> 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 <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 checked="" type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	OLCC USE ONLY
<input type="checkbox"/> Warehouse	Date application received:
<input type="checkbox"/> Wholesale Malt Beverage & Wine	3/22/19
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	By: <u>Jan Z.</u>
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	Date application accepted as initially complete:
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	3/22/19
	By: <u>Jan Z.</u>
	License Action(s): <u>N/O</u>

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

New Life Nails & Organic Spa 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 <i>NewLife Nails &amp; Organic Spa LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>New Life Nails &amp; Organic Spa</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>1240 E. Burnside St</i>			
City <i>Portland OR</i>	County <i>Multnomah</i>	Zip Code <i>97214</i>	
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) <i>2611 NE 50th Cir</i>			
City <i>Vancouver</i>	State <i>WA</i>	Zip Code <i>98663</i>	
9. Phone Number of the Business Location <i>(503) 208-2332</i>		Email Contact for this Application <i>truluv4life@yahoo.com</i>	
Contact Person for this Application <i>Danny Dao</i>		Phone Number <i>(503) 701-4495</i>	
Mailing Address <i>2611 NE 50th Cir</i>	City <i>Vancouver</i>	State <i>WA</i>	Zip Code <i>98663</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.

*[Signature]*  
\_\_\_\_\_  
(Applicant #1)

\_\_\_\_\_  
(Applicant #2)

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

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

Reset Form

Print Form



# OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

S.S.: A41065-98

Please Print or Type

LLC Name: NEW LIFE NATIS & ORGANIC SPA Year Filed: 2019

Trade Name (dba): \_\_\_\_\_

Business Location Address: 1240 E BURNSIDE ST

City: PORTLAND OR ZIP Code: 97214

**List Members of LLC:**

**Percentage of Membership Interest:**

1. Danny Dao  
(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: [Handwritten Signature]  
(name)

Owner  
(title)

Date: 3/22/2019



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: DANNY DAO Phone: (503) 701-4495

Trade Name (dba): New Life Nails & Organic Spa

Business Location Address: 1240 E Burnside St

City: Portland OR ZIP Code: 97214

**DAYS AND HOURS OF OPERATION**

Business Hours:

Sunday 11:00 am to 5:00 pm  
Monday 9:30 am to 7:00 pm  
Tuesday 11 to 11  
Wednesday 11 to 11  
Thursday 11 to 11  
Friday 11 to 11  
Saturday 11 to 11

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: Nail Salon

**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: Danny Dao Date: 3/22/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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) - 333-7525 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: New Life Nails & Organic Spa

DBA OR TRADE NAME: \_\_\_\_\_ PHONE: (503) 208-2332 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 1250 E Burnside St Portland OR 97214

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

CONTACT PERSON: Danny Dao PHONE: (503) 701-4495 EMAIL: truluwa4life@yahoo.com

## DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> Food Cart         | <input type="checkbox"/> Night Club                          |
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Sports Bar                          |
| <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Other: <u>Nail Salon</u> |

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: 9:30am CLOSE: 7:00pm FRIDAY & SATURDAY OPEN: 9:30am CLOSE: 7:00pm

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)

- |  |   |   |   |
|--|---|---|---|
| <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.

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

SIGNATURE: [Signature] DATE: 4/11/2019



# 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: 1250 E BURNSIDE ST

R#: R100661

State ID: 1N1E35CD 400

Zone: CM3dm(MU-U)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM3dm(MU-U) zone

### Additional Comments:

Per 33.130.100, Primary Uses, and Table 130-1, Retail Sales & Service uses are allowed by right in the CM3 zone.

*CM3 zone*  
*This is a tenant space within this existing building*

**Lois Jennings**

Name of City Official

**City Planner**

Title

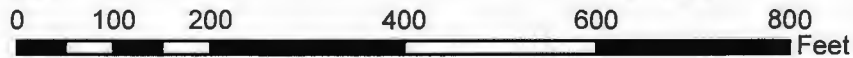
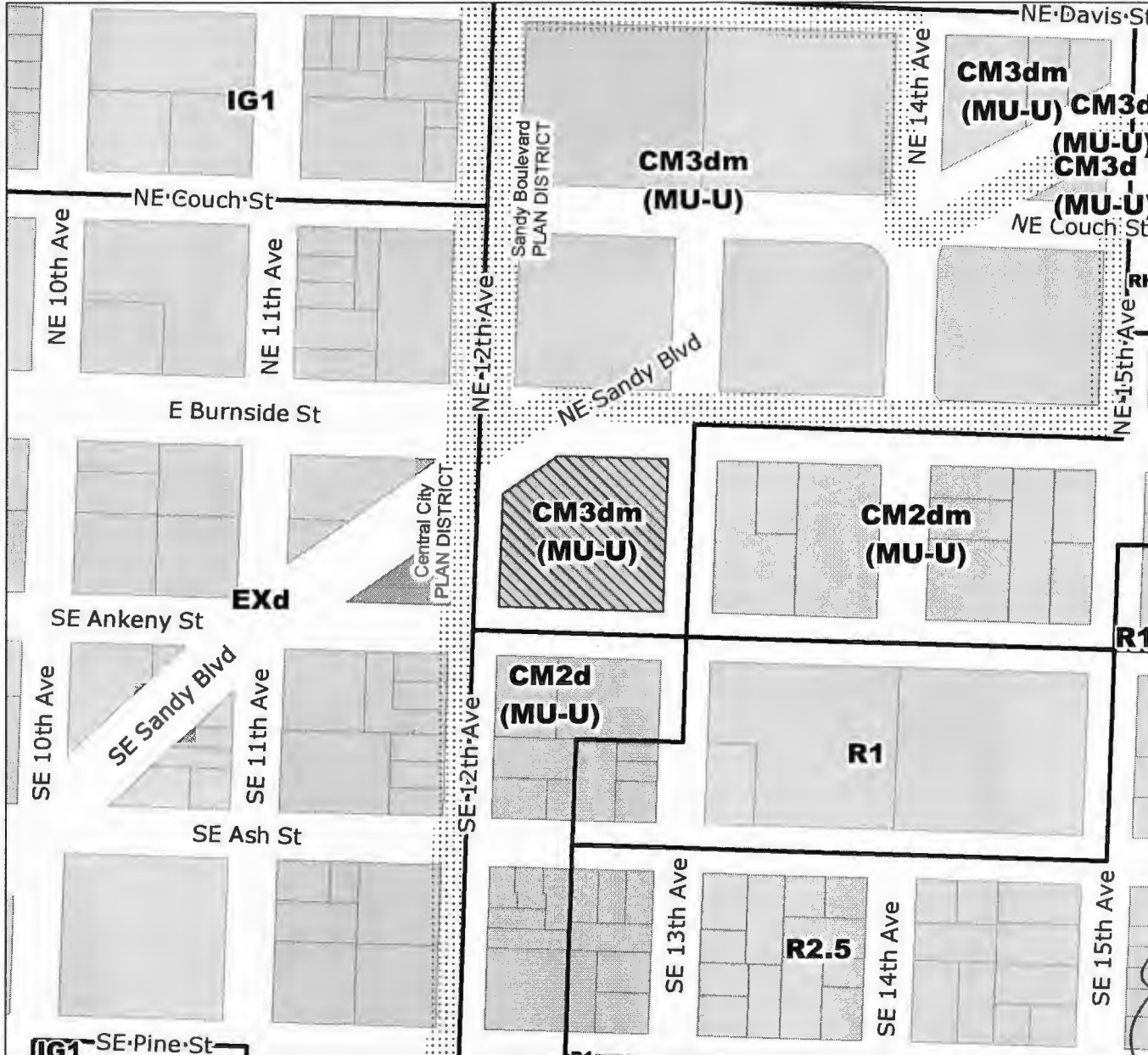
**503-823-2877**

Contact Number

Signature of Official

4 / 1 / 2019

Date



1 inch = 200 feet

