



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 <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 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 <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 type="checkbox"/> Limited On-Premises	
<input type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	Date application received:
<input type="checkbox"/> Warehouse	3/28/19
<input type="checkbox"/> Wholesale Malt Beverage & Wine	By: Jon Z.
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	Date application accepted as initially complete:
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	3/28/19
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	By: Jon Z.
	License Action(s): N/O

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

Li's Restaurant Management Company, Inc.  
(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>Li's Restaurant Management Company, Inc.</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Szechuan Chef Chinese Restaurant</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>515 SW 4th Ave.</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97204</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>8035 SE Ramona St.</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97206</i>	
9. Phone Number of the Business Location <i>503-227-3136</i>		Email Contact for this Application <i>jencoor@yahoo.com</i>	
Contact Person for this Application <i>Lin Lin Wang</i>		Phone Number <i>425-999-6839</i>	
Mailing Address <i>8035 SE Ramona St.</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97206</i>

Rec'd  
 Liquor License  
 APR 01 2019  
 PD #160  
 CASH

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)



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Li's Restaurant Management Company Inc. Phone: 425-9996839

Trade Name (dba): Szechuan Chef Chinese Restaurant

Business Location Address: 515 SW 4th Ave.

City: Portland ZIP Code: 97204

**DAYS AND HOURS OF OPERATION**

Business Hours:

Sunday 10:30am to 2:00am  
Monday 10:30am to 10:00pm  
Tuesday 10:30am to 10:00pm  
Wednesday 10:30am to 10:00pm  
Thursday 10:30am to 10:00pm  
Friday 10:30am to 2:00am  
Saturday 10:30am to 2:00am

Outdoor Area Hours:

Sunday 10:30<sup>am</sup> to 9:00pm  
Monday 10:30<sup>am</sup> to 9:00pm  
Tuesday 10:30 to 9:00pm  
Wednesday 10:30 to 9:00pm  
Thursday 10:30 to 9:00pm  
Friday 10:30 to 9:00pm  
Saturday 10:30 to 9:00pm

The outdoor area is used for:

Food service Hours: 10:30<sup>am</sup> to 9:00pm  
 Alcohol service Hours: 10:30am to 9:00pm  
 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: 72 Outdoor: 12  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: 84

**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: 3-27-2019



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

SOS: 836601-92

Please Print or Type

Corporation Name: Li's Restaurant Management Company, Inc. Year Incorporated: 2017

Trade Name (dba): Szechuan Chef Chinese Restaurant

Business Location Address: 515 SW 4th Ave.

City: Portland ZIP Code: 97204

List Corporate Officers:

Linlin Wang  
(name)

President  
(title)

List Board of Directors:

(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>Linlin Wang</u>	<u>100%</u>
_____	_____
_____	_____
_____	_____

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

Server Education Designee: Linlin Wang DOB: 04-07-1976  
(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] President Date: 3-27-19  
(name) (title)

# 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) - 823-7526 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: Li's Restaurant Management Company, Inc.

DBA OR TRADE NAME: Szechuan Chef Chinese Restaurant PHONE: 503-227-3136 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 515 SW 4th Ave. Portland, OR 97204

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

CONTACT PERSON: Linlin Wang PHONE: 425-9996839 EMAIL: jencoor@yahoo.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: \_\_\_\_\_

EXISTING BUILDING:  Yes  No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: 72      LOUNGE SEATING CAPACITY: \_\_\_\_\_      OUTSIDE SEATING CAPACITY: 12

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: 10:30 am CLOSE: 10:00 pm FRIDAY & SATURDAY OPEN: 10:30 am CLOSE: 2:00 am

HOW LATE WILL THERE BE OUTSIDE SEATING? 9:00 pm HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Karam Lebanese Restaurant

NAME & ADDRESS OF PROPERTY OWNER: Little Building, LLC

## 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 503-865-2433. 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: 3-28-2019





# 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: 513-517 SW 4TH AVE

R#: R246114

State ID: 1N1E34CD 9200

**Zone: CXd**

**Plan District: CENTRAL CITY,  
DOWNTOWN**

**Proposed Use: RETAIL SALES AND  
SERVICE**

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

*Additional Comments:*

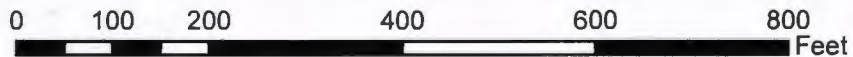
Retail sales and service use is allowed.



OSd

CXd

CXd



1 inch = 200 feet



**Andy Gulizia**

Name of City Official

**City Planner**

Title

**503-823-7010**

Contact Number

Signature of Official

**4 / 1 / 2019**

Date