



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 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: <u>4/3/19</u>
By: <u>Jan Z.</u>
Date application accepted as initially complete: <u>4/3/19</u>
By: <u>Jan Z.</u>
License Action(s): <u>N/O</u>

Rec'd by Portland
 Liquor Licenses
 APR 04 2019
 PD \$100
 04/03/19

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

Open Face Wines
 (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>Open Face Wines LLC</i> <i>Michael Cronin</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Open Face Wines</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>238 SE 61st Ave</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97215</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>7311 SE Grant Street</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97215</i>	
9. Phone Number of the Business Location <i>916 712 1981</i>		Email Contact for this Application <i>mccroon@gmail.com</i>	
Contact Person for this Application <i>Michael Cronin</i>		Phone Number <i>916 712 1981</i>	
Mailing Address <i>7311 SE Grant Street</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97215</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)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Michael Cronin Phone: 916 712 1981

Trade Name (dba): Open Face Wines

Business Location Address: 238 SE 61st Ave

City: Portland ZIP Code: 97215

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9am to 5pm
Monday 9am to 5pm
Tuesday 9am to 5pm
Wednesday 9am to 5pm
Thursday 9am to 5pm
Friday 9am to 5pm
Saturday 9am to 5pm

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
Alcohol service
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: 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: [Signature] Date: 04/03/2009



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

SS: 1510050-98

Please Print or Type

LLC Name: Open Face Wines LLC Year Filed: 2019

Trade Name (dba): Open Face Wines

Business Location Address: 238 SE 61st Ave

City: Portland ZIP Code: 97215

List Members of LLC:

Percentage of Membership Interest:

1. Michael Croon
(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: Michael Croon DOB: 12/22/1988

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

Signature: [Signature] Member Date: 04/03/2019
(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: Open Face Wines LLC

DBA OR TRADE NAME: Open Face Wines PHONE: 916 712 1981 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 238 SE 61st Ave Portland OR 97215

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

CONTACT PERSON: Michael Croome PHONE: 916 712 1981 EMAIL: mccroome@qmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

Food Cart

Night Club

SIZE OF SERVICE AREA: 1,500 sqft

Restaurant

Sports Bar

EXISTING BUILDING: Yes No

Convenience Store

Other: Home Storage

ZONING: RS

STRUCTURAL CHANGES (DESCRIBE): None

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

DESCRIBE SECURITY: Door Locks (Dead bolts)

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: 9am - 5pm CLOSE: 5pm FRIDAY & SATURDAY OPEN: 9am - CLOSE: 5pm

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: N/A

NAME & ADDRESS OF PROPERTY OWNER: Lee Shannon 238 SE 61st Ave Portland, OR 97215

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 503-355-2438. 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.

The address will strictly be used for Basement Storage of 75 cases of wine

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

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



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: 238 SE 61ST AVE

R#: R319244

State ID: 1N2E31DD 3500

Zone: R5

Plan District:

Proposed Use: OTHER

Warehouse & Freight Movement

~~OTHER~~ is an ALLOWED use in the R5 zone

Additional Comments:

Zoned R5. Warehouse & Freight Movement Use is allowed when it complies with the standards in 33.203.030 (Home Occupation). No Customers. No Employees.

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

Suzan Poisner

Name of City Official

City Planner

Title

503-823-5804

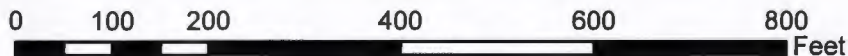
Contact Number

Suzan Poisner

Signature of Official

4 / 4 / 2019

Date



1 inch = 200 feet

N

