



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	_____
<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	Rec'd by Portland Liquor Licenses
<input type="checkbox"/> Full On-Premises, Passenger Carrier	APR 08 2019
<input checked="" type="checkbox"/> Full On-Premises, Other Public Location	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, For Profit Private Club	Date application received:
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	9/3/19
<input type="checkbox"/> Grower Sales Privilege 1 st location	By: J. Z.
<input type="checkbox"/> Grower Sales Privilege 2 nd location	Date application accepted as initially complete:
<input type="checkbox"/> Grower Sales Privilege 3 rd location	9/3/19
<input type="checkbox"/> Limited On-Premises	By: J. Z.
<input type="checkbox"/> Off-Premises	License Action(s): <u>N/O</u>
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input 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	

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

Tesseract Properties, LLC DBA 24 Fremont

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

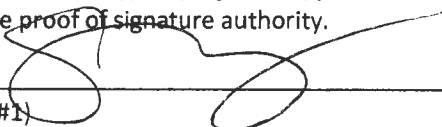
3. Applicant #1 Tesseract Properties, LLC DBA 24 Fremont		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) 24 Fremont			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2393 NE Fremont Street, Suite C Portland, OR 97212			
City Portland	County Multnomah	Zip Code 97212	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="radio"/> YES <input type="radio"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="radio"/> YES <input checked="" type="radio"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) 2203 NE MLK Blvd.			
City Portland	State OR	Zip Code 97212	
9. Phone Number of the Business Location (503) 567-4350		Email Contact for this Application Stacey.Strade@gmail.com	
Contact Person for this Application Stacey Squires		Phone Number (503) 703-0313	
Mailing Address 2711 NE 23rd Avenue	City Portland	State OR	Zip Code 97212

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: Tesseract Properties, LLC Phone: 503

Trade Name (dba): 24 Fremont

Business Location Address: 2393 NE Fremont Street

City: Portland ZIP Code: 97212

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>7</u>	to	<u>Midnight</u>
Monday	<u> </u>	to	<u> </u>
Tuesday	<u> </u>	to	<u> </u>
Wednesday	<u> </u>	to	<u> </u>
Thursday	<u> </u>	to	<u> </u>
Friday	<u> </u>	to	<u> </u>
Saturday	<u> </u>	to	<u> </u>

Outdoor Area Hours:

Sunday	<u>N/A</u>	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

The outdoor area is used for:

- Food service Hours: N/A 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: EVENT VENUE - Hours dependent on booked dates versus normal operating hours on a daily basis.

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	<u>7PM</u>	to	<u>Midnight</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: _____ Other (explain): Seating only for Performance and Music Shows
 Banquet: 75 Total Seating: 125

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: 3/26/19



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

505: 149365301-97

Please Print or Type

LLC Name: Tesseract Properties, LLC Year Filed: 2018

Trade Name (dba): 24 Fremont

Business Location Address: 2203 NE MLK Blvd.

City: Portland ZIP Code: 97212

List Members of LLC:

Percentage of Membership Interest:

- | | | |
|--|--|-------|
| 1. Joseph Squires
(managing member) | Trustee Joseph L. + Stacey Squires
Revocable living trust | 50% |
| 2. Stacey Squires
(members) | Trustee Joseph L. + Stacey
Squires revocable living trust | 50% |
| 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: Kelsey Kundera DOB: 2/3/1990

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

Signature: [Signature] (name) Member (title) Date: 3/26/19

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: Tesseract, LLC

DBA OR TRADE NAME: 24 Fremont PHONE: (503) 7030313 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 2393 NE Fremont Street, Suite C, Pdx, OR 97212

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

CONTACT PERSON: Stacey Squires PHONE: 503 7030313 EMAIL: Stacey.Srade@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Event Space

SIZE OF SERVICE AREA: 2,675 SF

EXISTING BUILDING: Yes No

ZONING: CM1n (MU-D)

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 75 LOUNGE SEATING CAPACITY: 125 OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: N/A

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS?

HOURS OF OPERATION (Based on Scheduled events only) Yes No I Don't Know

SUNDAY - THURSDAY OPEN: 9am CLOSE: Midnight FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? Midnight

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Fremont Theater

NAME & ADDRESS OF PROPERTY OWNER: H. Wagner, LLC Joe & Stacey Squires

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): Social, Corporate, Community 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 503-365-2433. 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

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

SIGNATURE: _____

DATE: 4/3/19



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: 2393 NE FREMONT ST

R#: R316120

State ID: 1N1E23DD 20800

Zone: CM1h(MU-D),R5h

Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM1h(MU-D),R5h zone

Additional Comments:

CM1, less than 5,000 square feet. /per use

Phil Nameny

Name of City Official

City Planner

Title

503-823-7709

Contact Number

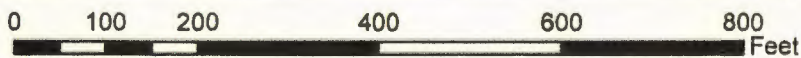
Signature of Official

4 / 5 / 2019

Date



R5 - NE Klickitat St



1 inch = 200 feet

