



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

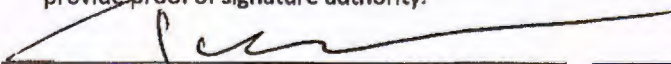
3. Applicant #1 TOD Breslau		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) CARNE SA			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2512 NE BROADWAY			
City PORTLAND	County OR	Zip Code 97232	
6. Does 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) 2512 1201 NE Lloyd Blvd #115			
City PORTLAND	State OR	Zip Code 97232	
9. Phone Number of the Business Location 503 740 4888		Email Contact for this Application tbreslau@aol.com	
Contact Person for this Application TOD Breslau		Phone Number 503 740 4888	
Mailing Address 1201 NE Lloyd Blvd #115	City PT	State OR	Zip Code 97232

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: TOD Breslan Phone: 503 740 4888
Trade Name (dba): CAROL PAX
Business Location Address: 2512 NE BROADWAY
City: PT ON ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 to 2:30
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

Outdoor Area Hours:

Sunday 11 to 2:30
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for:

Food service Hours: 11 A to 2:30 P
 Alcohol service Hours: 11 A to 2:30 P
 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 *possible* Karaoke
- Recorded Music Coin-operated Games
- DJ Music Video Lottery Machines
- Dancing Social Gaming
- Nude Entertainers Pool Tables
- Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday 5p to 12 A
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

might have a Spanish Guitar

SEATING COUNT

Restaurant: 49 Outdoor: 10-12
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 59

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: _____ Date: 5/27/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

S.O.S: 1533471-91

Please Print or Type

LLC Name: Carne PDX LLC Year Filed: 2019

Trade Name (dba): Carne

Business Location Address: 2512 NE Broadway

City: Portland ZIP Code: 97232

List Members of LLC:

Percentage of Membership Interest:

1. <u>Tod Breslau</u> (managing member)	<u>100</u>
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: Tod Breslau DOB: 07/30/62

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

DocuSigned by:
Signature: Tod Breslau 8F79B1F3EB2F413... Managing Member 03/21/19
(name) (title) **Date:** _____

FYI

I Am Buying THE BUILDING

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: CARNE PDX LLC

DBA OR TRADE NAME: CARNE PHONE: 503 740 4888 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 2512 NE BROADWAY

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

CONTACT PERSON: TOD Breslau PHONE: 503 740 4888 EMAIL: tbreslau@apb.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1800 sq ft

EXISTING BUILDING: Yes No

ZONING: CM2

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 48 LOUNGE SEATING CAPACITY: 12 OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: Full camera system Family restaurant

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: Tues - SAT 3pm - 2am Yes No I Don't Know

SUNDAY - THURSDAY OPEN: _____ CLOSE: _____ FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

HOW LATE WILL THERE BE OUTSIDE SEATING? 11pm HOW LATE WILL THERE BE ENTERTAINMENT? None

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: SULLIVAN GULCH BAN & GALL

NAME & ADDRESS OF PROPERTY OWNER: DAT LANAGAN 2512 NE BROADWAY

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- Dancing
- Karaoke
- Pool Tables (How Many): _____
- Video Poker
- Video Games/Pinball
- Events (Describe): _____
- Live Music
- Recorded Music
- Other: _____
- Nude Dancers
- DJ Entertainment

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:
This is an LA style STEAKhouse.
Yummy Steaks + Sangria

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

SIGNATURE: [Signature] DATE: 3/25/19



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: 2512 NE BROADWAY

R#: R128167

State ID: 1N1E25CC 13900

Zone: CM2d

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2d zone

Additional Comments:

Per 33.130.100, Table 130-1, Retail Sales & Service uses are allowed by right in the CM2 zone. No additional restrictions are imposed by the Plan District or Overlay Zone.

Laura Lehman

Name of City Official

City Planner

Title

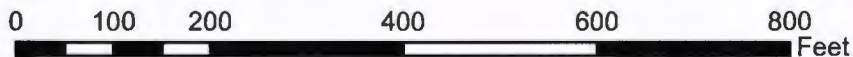
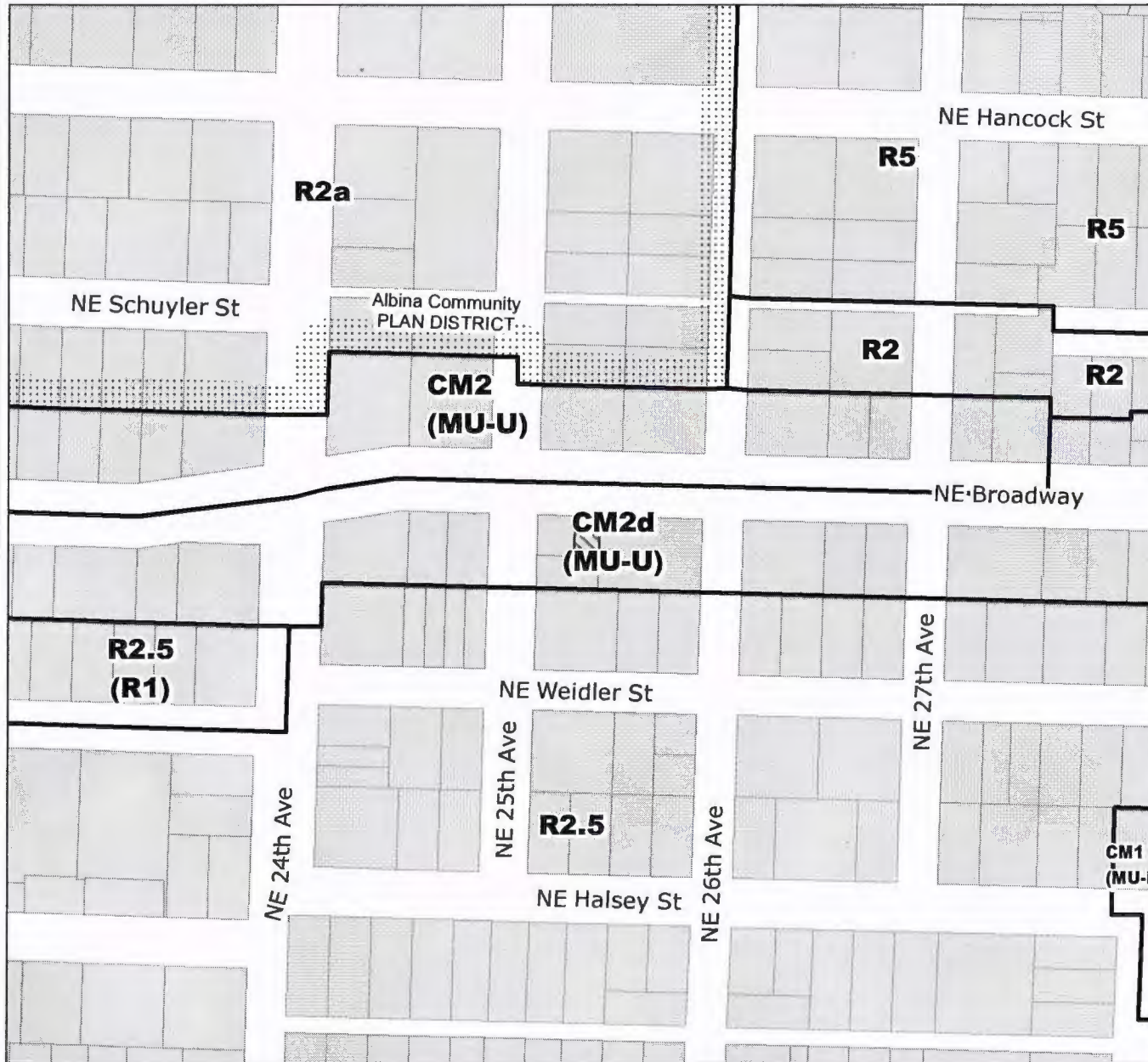
503-823-7391

Contact Number

Signature of Official

4 / 1 / 2019

Date



1 inch = 200 feet

