



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	
<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	OLCC USE ONLY
<input checked="" type="checkbox"/> Off-Premises	Date application received:
<input type="checkbox"/> Off-Premises with Fuel Pumps	3/22/19
<input type="checkbox"/> Warehouse	By: <u>Jon Z.</u>
<input type="checkbox"/> Wholesale Malt Beverage & Wine	Date application accepted as initially complete:
<input type="checkbox"/> Winery 1 st Location	3/27/19
<input type="checkbox"/> Winery 2 nd Location	By: <u>Jon Z.</u>
<input type="checkbox"/> Winery 3 rd Location	License Action(s): <u>N/O</u>

Rec'd by Portland
Liquor Licenses
APR 10 2019
PD \$100 ck
22062760

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

WYNDHAM RESORT DEVELOPMENT CORPORATION

(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 WYNDHAM RESORT DEVELOPMENT CORPORATION		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) WYNDHAM PORTLAND WATERFRONT PARK			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 221 SW NAITO PARKWAY			
City PORTLAND	County MULTNOMAH	Zip Code 97201	
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) 6277 SEA HARBOR DRIVE, ATTN: LICENSING			
City ORLANDO	State FL	Zip Code 32821	
9. Phone Number of the Business Location TBD		Email Contact for this Application AMIELYS.HERNANDEZ@WYN.COM	
Contact Person for this Application AMIELYS HERNANDEZ, LICENSING MANAGER		Phone Number 407-626-3596	
Mailing Address 6277 SEA HARBOR DRIVE, ATTN: LICENSING	City ORLANDO	State FL	Zip Code 32821

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: Wyndham Resort Development Corp. Phone: TBD

Trade Name (dba): Wyndham Portland Waterfront Park

Business Location Address: 221 SW Naito Parkway

City: Portland ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>10am</u> to <u>6pm</u>
Monday	<u>10am</u> to <u>10pm</u>
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

Outdoor Area Hours:

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

The outdoor area is used for: N/A

- 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)

** See attached * Hours updated 4/1/19*

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	<u>n/a</u> to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

SEATING COUNT

Restaurant: _____
Lounge: _____
Banquet: _____

Outdoor: _____
Other (explain): Gift shop sales of packaged beer & wine
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: 3-21-19

1-800-452-OLCC (6522)
www.oregon.gov/olcc



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

SOS: 162152-87

Please Print or Type

Corporation Name: WYNDHAM RESORT DEVELOPMENT CORPORATION Year Incorporated: 1989

Trade Name (dba): WYNDHAM PORTLAND WATERFRONT PARK

Business Location Address: 221 SW NAITO PARKWAY

City: PORTLAND ZIP Code: 97021

List Corporate Officers:

(name) MICHAEL D. BROWN (title) PRESIDENT & CEO

List Board of Directors:

(name) SEE ATTACHED FULL LISTING EXH: A

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:	Number of Stock Shares:
SEE ATTACHED CHART <u>EXH: B</u>	_____	Issued: _____
_____	_____	Unissued: _____
_____	_____	Total Shares Authorized to Issue: _____
_____	_____	

Server Education Designee: _____ DOB: _____
(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] (name) President & CEO (title) Date: 3-21-19

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) - 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: Wyndham Resort Development Corporation
Wyndham Portland Waterfront Park
DBA OR TRADE NAME: _____ PHONE: TBD FAX: n/a

BUSINESS ADDRESS (Including ZIP Code): 221 SW Naito Pkwy, Portland, 97201

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

CONTACT PERSON: Annielus Hernandez PHONE: 4076263596 EMAIL: amielus.hernandez@wyh.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>resort gift shop</u> |

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 0 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 0

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: *see attached* FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

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: unknown

NAME & ADDRESS OF PROPERTY OWNER: same as above applicant

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 503-865-2438. 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 space will be a gift shop / retail / sundries area within the resort to sell packaged beer & wine only.

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

SIGNATURE: [Signature] DATE: 3-27-19



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: 221 SW NAITO PKWY

R#: R246002

State ID: 1N1E34DC 3200

Zone: CXd

Plan District: CENTRAL CITY, OLD TOWN / CHINATOWN

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.

Andy Gulizia

Name of City Official

City Planner

Title

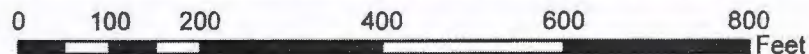
503-984-1014

Contact Number

Signature of Official

4 / 2 / 2019

Date



1 inch = 200 feet

