



# 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 type="checkbox"/> Full On-Premises, Commercial	Date: _____
<input checked="" type="checkbox"/> Full On-Premises, Caterer	<div style="text-align: right;"> <p>Rec'd by Portland Liquor Licenses</p> <p><b>APR 11 2019</b></p> <p>PD \$100</p> <p>* 096386</p> </div>
<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	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	
	OLCC USE ONLY
	Date application received:
	3/9/19
	By: <u>Jan Z</u>
	Date application accepted as initially complete:
	3/29/19
	By: <u>Jan Z</u>
	License Action(s): <u>N/O</u>

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

Pearl Catering, LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



# LIQUOR LICENSE APPLICATION

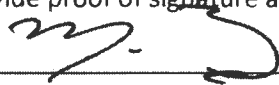
3. Applicant #1 Pearl Catering, LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Pearl Catering			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1836 NE 7th Ave #106			
City Portland	County Multnomah	Zip Code 97212	
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) 8630 SW Scholls Ferry Road, Ste. 321			
City Beaverton	State OR	Zip Code 97008	
9. Phone Number of the Business Location 503-720-9669		Email Contact for this Application michael@gottlieb-law.com	
Contact Person for this Application Michael Gottlieb		Phone Number 503-546-0498	
Mailing Address PO Box 209	City Lake Oswego	State OR	Zip Code 97034

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: Pearl Catering, LLC Phone: 503-765-8058

Trade Name (dba): Pearl Catering

Business Location Address: 1836 NE 7th Ave, #106

City: Portland ZIP Code: 97212

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

### 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 Hours: \_\_\_\_\_ to \_\_\_\_\_
- Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_
- Enclosed, how \_\_\_\_\_

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

\_\_\_\_\_  
(Investigator's Initials)

Open 8am-5pm M-F or as needed to fulfill catering events

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

## ENTERTAINMENT

Check all that apply: None

- 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

### NO CUSTOMER SEATING

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: 2-26-19

1-800-452-OLCC (6522)

[www.oregon.gov/olcc](http://www.oregon.gov/olcc)

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SoS: 593829-95

Please Print or Type

LLC Name: Pearl Catering, LLC Year Filed: 2009

Trade Name (dba): Pearl Catering

Business Location Address: 1836 NE 7th Ave #106

City: Portland ZIP Code: 97212

**List Members of LLC:**


**Percentage of Membership Interest:**

- |  |            |
|--|------------|
| 1. <u>Carla Byrum (Member)</u><br><u>(managing member)</u> | <u>85%</u> |
| 2. <u>Alan Williams (Member)</u><br><u>(members)</u>       | <u>15%</u> |
| 3. <u>Mark Byrum (Manager)</u>                             | <u>0%</u>  |
| 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: Mark Byrum DOB: 01/16/69

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

Signature:  Date: 04/04/2019  
(name) Mark Byrum (title) Manager

# 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: Pearl Catering, LLC

DBA OR TRADE NAME: Pearl Catering PHONE: 503-765-8058 FAX: None

BUSINESS ADDRESS (Including ZIP Code): 1836 NE 7th Ave, #106, Portland, OR 97212

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

CONTACT PERSON: Michael Gottlieb, attorney PHONE: 503-546-0498 EMAIL: michael@gottlieb-law.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>comm kitchen</u> |

SIZE OF SERVICE AREA: None

EXISTING BUILDING:  Yes  No

ZONING: EG1

STRUCTURAL CHANGES (DESCRIBE): None

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

DESCRIBE SECURITY: None

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  Don't Know

**HOURS OF OPERATION**

SUNDAY - THURSDAY OPEN: 8am CLOSE: 5pm FRIDAY & SATURDAY OPEN: 8am 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: Unknown

NAME & ADDRESS OF PROPERTY OWNER: 714 NE Hancock LLC c/o North Rim Partners, PO Box 14622, PDX Or 97293

**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 503-865-2488. 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  
Catering company commercial kitchen

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

SIGNATURE:  DATE: 02/25/2019





# 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: 1836 NE 7TH AVE, SUITE 106

R#: R182542

State ID: 1N1E26CC 6500

**Zone: EG1(MU-U)**

**Plan District: ALBINA COMMUNITY**

**Proposed Use: MANUFACTURING AND PRODUCTION**

MANUFACTURING AND PRODUCTION is an ALLOWED use in the EG1(MU-U) zone

### Additional Comments:

Manufacturing and Production use (catering) is allowed outright.

**Gina Tynan**

Name of City Official

**City Planner**

Title

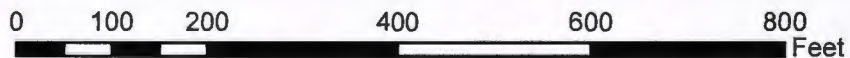
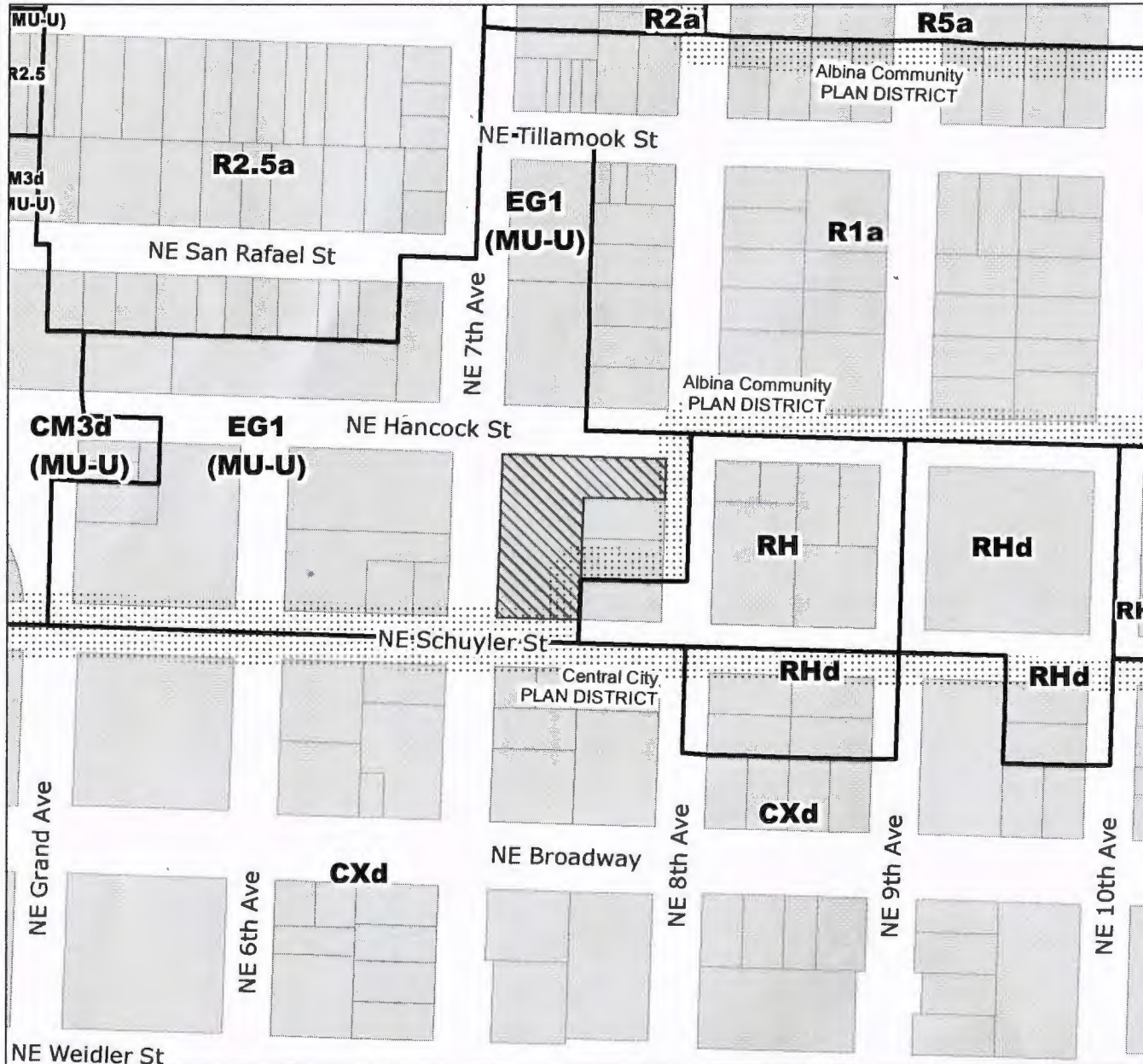
**503-823-7271**

Contact Number

Signature of Official

**4 /11 /2019**

Date



1 inch = 200 feet

