



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 | |
| <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 checked="" 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>4/10/19</u> |
| | By: <u>Jon Z.</u> |
| | Date application accepted as initially complete: |
| | <u>4/10/19</u> |
| | By: <u>Jon Z.</u> |
| | License Action(s): <u>A/Priv</u> |

Rec'd by Portland
Liquor Licenses

APR 11 2019

PD \$75
1223 CK

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

Bottle & Press LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

| OLCC USE ONLY | OLCC FINANCIAL SERVICES USE ONLY |
|---------------|----------------------------------|
| | |



LIQUOR LICENSE APPLICATION

| | | | |
|--|---------------------|--|-------------------|
| 3. Applicant #1 Bottle & Press LLC | | Applicant #2 | |
| Applicant #3 | | Applicant #4 | |
| 4. Trade Name of the Business (Name Customers Will See) Straightaway | | | |
| 5. Business Address (Number and Street Address of the Location that will have the liquor license) 901 SE Hawthorne Blvd | | | |
| City Portland | County Multnomah | Zip Code 97214 | |
| 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) 901 SE Hawthorne Blvd | | | |
| City Portland | State Oregon | Zip Code 97214 <i>Carla Rael</i> | |
| 9. Phone Number of the Business Location 971-255-1627 | | Email Contact for this Application cy@straightawaycocktails.com <i>Carla@StraightawayCocktails.com</i> | |
| Contact Person for this Application Cy Cain | | Phone Number 503-360-3820 | |
| Mailing Address 16246 SE Keller Road | City Damascus | State Or | Zip Code 97089 |

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: Bottle & Press LLC Phone: 971-255-1627

Trade Name (dba): Straightaway

Business Location Address: 901 SE Hawthorne Blvd

City: Portland Oregon ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

| | | | |
|-----------|-----------|----|----------|
| Sunday | <u>12</u> | to | <u>5</u> |
| Monday | <u>11</u> | to | <u>6</u> |
| Tuesday | <u>11</u> | to | <u>6</u> |
| Wednesday | <u>11</u> | to | <u>6</u> |
| Thursday | <u>11</u> | to | <u>6</u> |
| Friday | <u>11</u> | to | <u>7</u> |
| Saturday | <u>11</u> | to | <u>7</u> |

Outdoor Area Hours:

| | | | |
|-----------|-----------|----|----------|
| Sunday | <u>12</u> | to | <u>5</u> |
| Monday | <u>11</u> | to | <u>6</u> |
| Tuesday | <u>11</u> | to | <u>6</u> |
| Wednesday | <u>11</u> | to | <u>6</u> |
| Thursday | <u>11</u> | to | <u>6</u> |
| Friday | <u>11</u> | to | <u>7</u> |
| Saturday | <u>11</u> | to | <u>7</u> |

The outdoor area is used for:

Food service Hours: _____ to _____

Alcohol service Hours: 11 to 8pm

Enclosed, how _____

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

_____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Fridays & Saturday's during Summer we will be open 1 hour later.

ENTERTAINMENT

Check all that apply:

Live Music 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 _____ to _____

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: 12

Lounge: _____ Other (explain): Tasting Room 16

Banquet: _____ Total Seating: 28

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: 4/10/19

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SS: 1309887-93

Please Print or Type

LLC Name: Bottle & Press LLC Year Filed: 2017

Trade Name (dba): Straightaway

Business Location Address: 901 SE Hawthorne Blvd

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

| List Members of LLC: | Percentage of Membership Interest: |
|---|------------------------------------|
| 1. <u>Cy Cain</u> <small>(managing member)</small> | <u>41%</u> |
| 2. <u>Casey Richwine</u> <small>(members)</small> | <u>37%</u> |
| 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: Cy Cain DOB: 5/18/1972

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

Signature: [Signature] (name) Co Founder / CEO (title) Date: 9/10/19

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: Bottle & Press LLC

DBA OR TRADE NAME: Straightaway PHONE: 971-255-1627 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 901 SE Hawthorne Blvd, Portland OR 97214

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

CONTACT PERSON: Cy Cain PHONE: 503-360-3820 EMAIL: Cy@straightawaycocktails.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 13' x 30'

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: 16 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 12

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?
DSP-OR-20067 Yes No I Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 11 CLOSE: 6 FRIDAY & SATURDAY OPEN: 11 CLOSE: 7

HOW LATE WILL THERE BE OUTSIDE SEATING? 7pm HOW LATE WILL THERE BE ENTERTAINMENT? n/a

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Straightaway

NAME & ADDRESS OF PROPERTY OWNER: E. Stumptown Holdings LLC

ENTERTAINMENT 915 SE Hawthorne Blvd, Portland OR 97214

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 503-855-2433. 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: [Signature] DATE: 4/11/19