



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 checked="" 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 type="checkbox"/> Winery 1 st Location	
<input type="checkbox"/> Winery 2 nd Location	
<input type="checkbox"/> Winery 3 rd Location	

Rec'd by Portland
Liquor Licenses
APR 12 2019
PD # 118
9/19
ck

OLCC USE ONLY	OLCC USE ONLY
Date application received:	4/11/19
By:	Jan Z.
Date application accepted as initially complete:	4/2/19
By:	Jan Z.
License Action(s):	N/O

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

G-LOVE LLC

(Applicant #1)

~~GARRETT BENEDICT~~

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
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OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

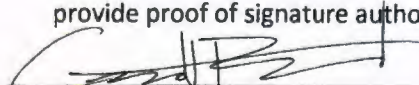
3. Applicant #1 G-LOVE LLC		Applicant #2 GARRETT BENEDICT	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) G-LOVE			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1615 NW 21st AVE. PORTLAND, OR 97210			
City PORTLAND	County MULTNOMAH	Zip Code 97210	
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) 5304 N MISSOURI AVE			
City PORTLAND	State OREGON	Zip Code 97217	
9. Phone Number of the Business Location 907 230 5640		Email Contact for this Application GARRETTK.BENEDICT@GMAIL.COM	
Contact Person for this Application GARRETT BENEDICT		Phone Number 907 230 5640	
Mailing Address 5304 N. MISSOURI AVE	City PORTLAND	State OR	Zip Code 97217

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: G-LOVE LLC Phone: 907 230 5640

Trade Name (dba): G-LOVE

Business Location Address: 1615 NW 21st AVE. PORTLAND, OR 97210

City: PORTLAND, OR ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday Closed to _____
 Monday Closed to _____
 Tuesday 5:00pm to 10:00pm
 Wednesday 5:00pm to 10:00pm
 Thursday 5:00pm to 10:00pm
 Friday 5:00pm to 10:00pm
 Saturday 5:00pm to 10:00pm

Outdoor Area Hours:

Sunday Closed to _____
 Monday Closed to _____
 Tuesday 5:00pm to 10:00pm
 Wednesday 5:00pm to 10:00pm
 Thursday 5:00pm to 10:00pm
 Friday 5:00pm to 10:00pm
 Saturday 5:00pm to 10:00pm

The outdoor area is used for:

- Food service Hours: 5:00pm to 10:00pm
- Alcohol service Hours: 5:00pm to 10:00pm
- Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: OUTDOOR AREA CLOSED IN WINTER

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: None

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday None to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 36 Outdoor: 24
 Lounge: _____ Other (explain): BAR SEATS : 8
 Banquet: _____ Total Seating: 44 (INDOORS)

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: 2/26/2019

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: G-LOVE LLC Year Filed: 2018

Trade Name (dba): G-LOVE

Business Location Address: 1615 NW 21st AVE. PORTLAND, OR 97210

City: PORTLAND ZIP Code: 97210

List Members of LLC:

Percentage of Membership Interest:

1. <u>GARRETT BENEDICT</u> <small>(managing member)</small>	<u>80%</u>
2. <u>DAVID NIERENBERG</u> <small>(members)</small>	<u>2.86%</u>
3. <u>HOWARD BENEDICT</u>	<u>2.86%</u>
4. <u>ERIN P. CARRICK TRUST</u>	<u>1.43%</u>
5. <u>STANLEY CARRICK</u>	<u>2.86%</u>
6. <u>JUDITH BENEDICT</u>	<u>0.71%</u>

(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: GARRETT BENEDICT DOB: 02/28/1987

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

Signature: [Signature] OWNER/OPERATOR Date: 4/12/19
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: _____ Year Filed: _____

Trade Name (dba): _____

Business Location Address: _____

City: _____ ZIP Code: _____

List Members of LLC:

Percentage of Membership Interest:

1. <u>CRAIG BENEDICT</u> <small>(managing member)</small>	<u>0.71%</u>
2. <u>ISABELLA GOULD</u> <small>(members)</small>	<u>1.43%</u>
3. <u>RACHEL K. GOULD</u>	<u>1.43%</u>
4. <u>GENEVIEVE PRIDEAUX-BRUNE</u>	<u>0.71%</u>
5. <u>ROGER BENEDICT</u>	<u>1.43%</u>
6. <u>ERIC MYERS</u>	<u>0.71%</u>

(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: _____ DOB: _____

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

Signature: _____ Date: _____
(name) (title)



OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: _____ Year Filed: _____

Trade Name (dba): _____

Business Location Address: _____

City: _____ ZIP Code: _____

List Members of LLC:

Percentage of Membership Interest:

1. <u>JOEL SOLTMAN</u> <small>(managing member)</small>	<u>1.43%</u>
2. <u>JULIAN SWAYZE</u> <small>(members)</small>	<u>0.71%</u>
3. <u>DANIEL QUINN</u>	<u>0.71%</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: _____ DOB: _____

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

Signature: _____ Date: _____
(name) (title)

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: G-LOVE LLC

DBA OR TRADE NAME: G-LOVE PHONE: (907) 230 5640 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 1615 NW 21st Ave. Portland, OR 97210

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET, FULL ON-PREMISES COMM.

CONTACT PERSON: GARRETT BENEDICT PHONE: 907 230 5640 EMAIL: GARRETTKBENEDICT@GMAIL.COM

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1,923 SQ. FT.

EXISTING BUILDING: Yes No

ZONING: CM3 dm (MU-U)

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 36 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 24

DESCRIBE SECURITY: CAMERA ON OUTDOOR SEATING AREA, CAMERA IN LOCKED LIQUOR STORAGE ROOM

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: 5:00 PM CLOSE: 10:00 PM FRIDAY & SATURDAY OPEN: 5:00 PM CLOSE: 10:00 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? 10:00 PM HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: PROMETHEUS REAL ESTATE GROUP, INC., SLABTOWN NORTH LLC

1900 S. NORFOLK ST. SUITE 160 SAN MATEO, CA 94403

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): _____ 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: Garrett Benedict

DATE: 4/9/19



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: 1615 NW 21ST AVE

R#: R141303

State ID: 1N1E28CD 2900

Zone: CM3dm(MU-U)

Plan District: NORTHWEST

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is a LIMITED use in the CM3dm(MU-U) zone

Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Service use is allowed in the CM3 zone. Per 33.562.110, Retail Sales and Service uses are allowed up to 20,000 square feet of net building area for each use in the Northwest Plan District.

Gina Tynan

Name of City Official

City Planner

Title

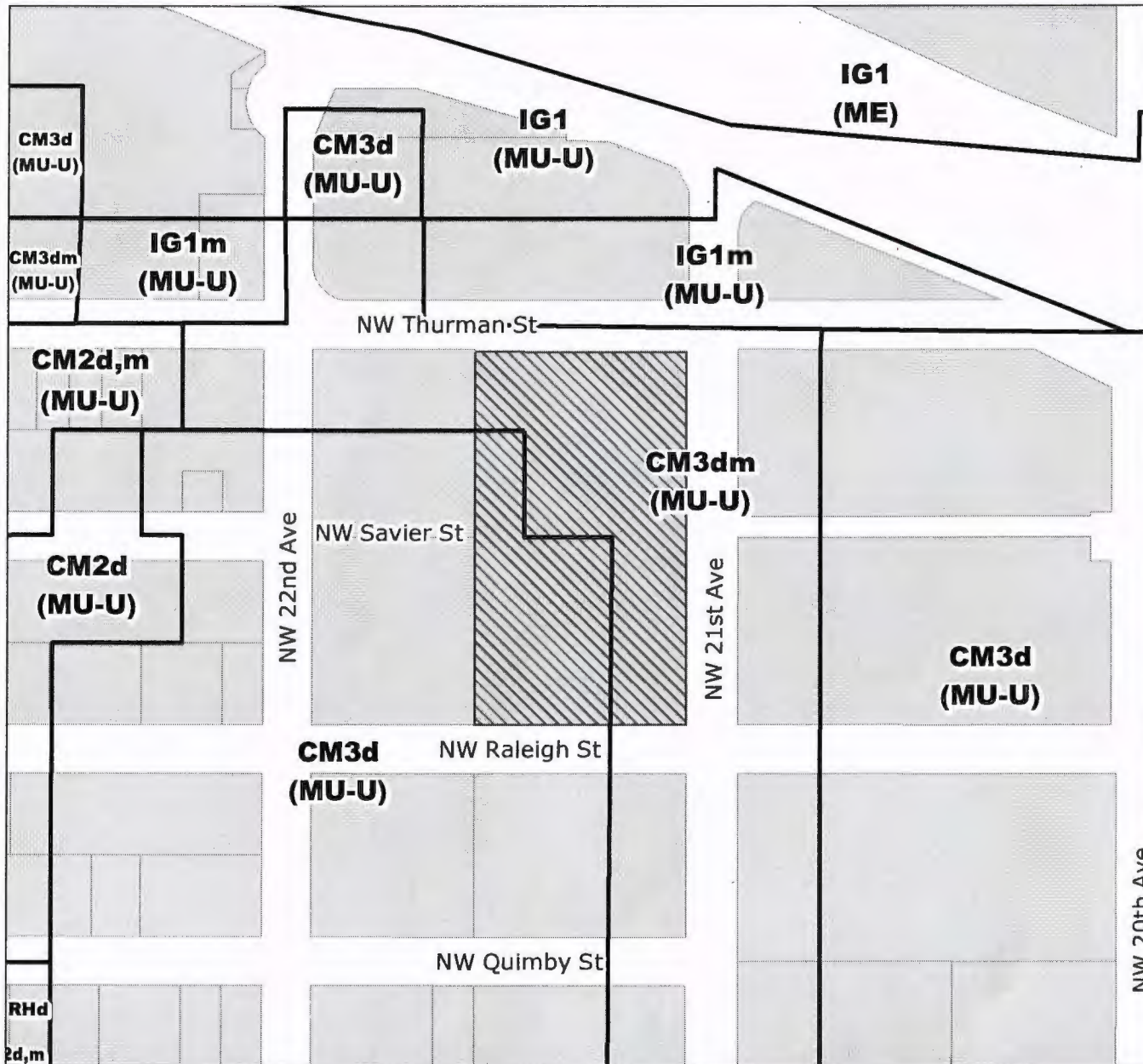
503-823-7271

Contact Number

Signature of Official

4 / 9 / 2019

Date



1 inch = 200 feet

