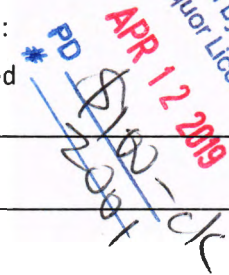
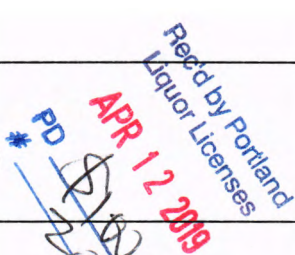




LIQUOR LICENSE APPLICATION

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	Name of City or County: _____
<input type="checkbox"/> Brewery 3 rd Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 st location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 nd location	By: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	Date: _____
<input type="checkbox"/> Distillery	 
<input type="checkbox"/> Full On-Premises, Commercial	
<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 checked="" 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	OLCC USE ONLY
<input type="checkbox"/> Winery 2 nd Location	Date application received: <u>3/26/19</u>
<input type="checkbox"/> Winery 3 rd Location	By: <u>JanZ.</u>
	Date application accepted as initially complete: <u>2/11/19</u>
	By: <u>JanZ.</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):

Oasis of Change LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION

3. Applicant #1 Oasis of Change LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Oasis of Change			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 2037 N Williams Ave			
City Portland	County Multnomah	Zip Code 97227	
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) 2037 N Williams Ave			
City Portland	State OR	Zip Code 97227	
9. Phone Number of the Business Location 301-467-8441		Email Contact for this Application dov@oasisofchange.com	
Contact Person for this Application Dov Judd		Phone Number 301-467-8441	
Mailing Address 2037 N Williams Ave	City Portland	State OR	Zip Code 97227

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: ~~Dov Juda~~ Oasis of Change LLC Phone: 301-467-8441

Trade Name (dba): Oasis of Change

Business Location Address: 2037 N. Williams Ave

City: Portland ZIP Code: 97227

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>7am</u>	to	<u>8pm</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

Outdoor Area Hours:

Sunday	<u>7am</u>	to	<u>8pm</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

The outdoor area is used for:

- Food service Hours: 7am to 8pm
- Alcohol service Hours: unknown, within hours
- Enclosed, how _____

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

(Investigator's Initials)

unknown at this time

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- Live Music for events
- 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

Restaurant: _____ Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: unknown at this time

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: _____

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SS: 1526186-91

Please Print or Type

LLC Name: Oasis of Change LLC Year Filed: 2019

Trade Name (dba): Oasis of Change

Business Location Address: 2037 N Williams Ave

City: Portland ZIP Code: 97227

List Members of LLC:

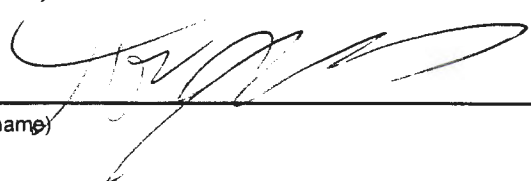
Percentage of Membership Interest:

1. <u>Dov Judd</u> <u>(managing member)</u>	<u>51</u>
2. <u>Kathryn Cannon</u> <u>(members)</u>	<u>49</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: Dov Judd DOB: 09/23/1984

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

Signature:  Date: 3/26/19
(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) - 823-7526 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: Oasis of Change LLC

DBA OR TRADE NAME: Oasis of Change PHONE: 301-467-8441 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 2037 N. Williams Ave

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

CONTACT PERSON: Dov Judd PHONE: 301-467-8441 EMAIL: dov@oasisofchange.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

Food Cart Night Club

Restaurant Sports Bar

Convenience Store Other: sales & service

SIZE OF SERVICE AREA: 5,000 sqft.

EXISTING BUILDING: Yes No

ZONING: commercial

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: 30 OUTSIDE SEATING CAPACITY: 80

DESCRIBE SECURITY: space is supervised

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: 7am CLOSE: 8pm FRIDAY & SATURDAY OPEN: 7am CLOSE: 8pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 9pm HOW LATE WILL THERE BE ENTERTAINMENT? 9pm

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: AKASH

NAME & ADDRESS OF PROPERTY OWNER: 2037 N. Williams Ave Portland, OR 97227

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): community 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

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

SIGNATURE: [Signature] DATE: 4/12/19



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: 2037 N WILLIAMS AVE

R#: R102544

State ID: 1N1E27DB 7200

Zone: CM3d(MU-U)

Plan District: ALBINA COMMUNITY

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM3d(MU-U) zone

Additional Comments:

33.130: Retail Sales and Service is an allowed use in the CM3 zone.

J. Malia Slusarenko

Name of City Official

City Planner

Title

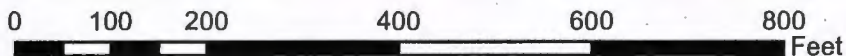
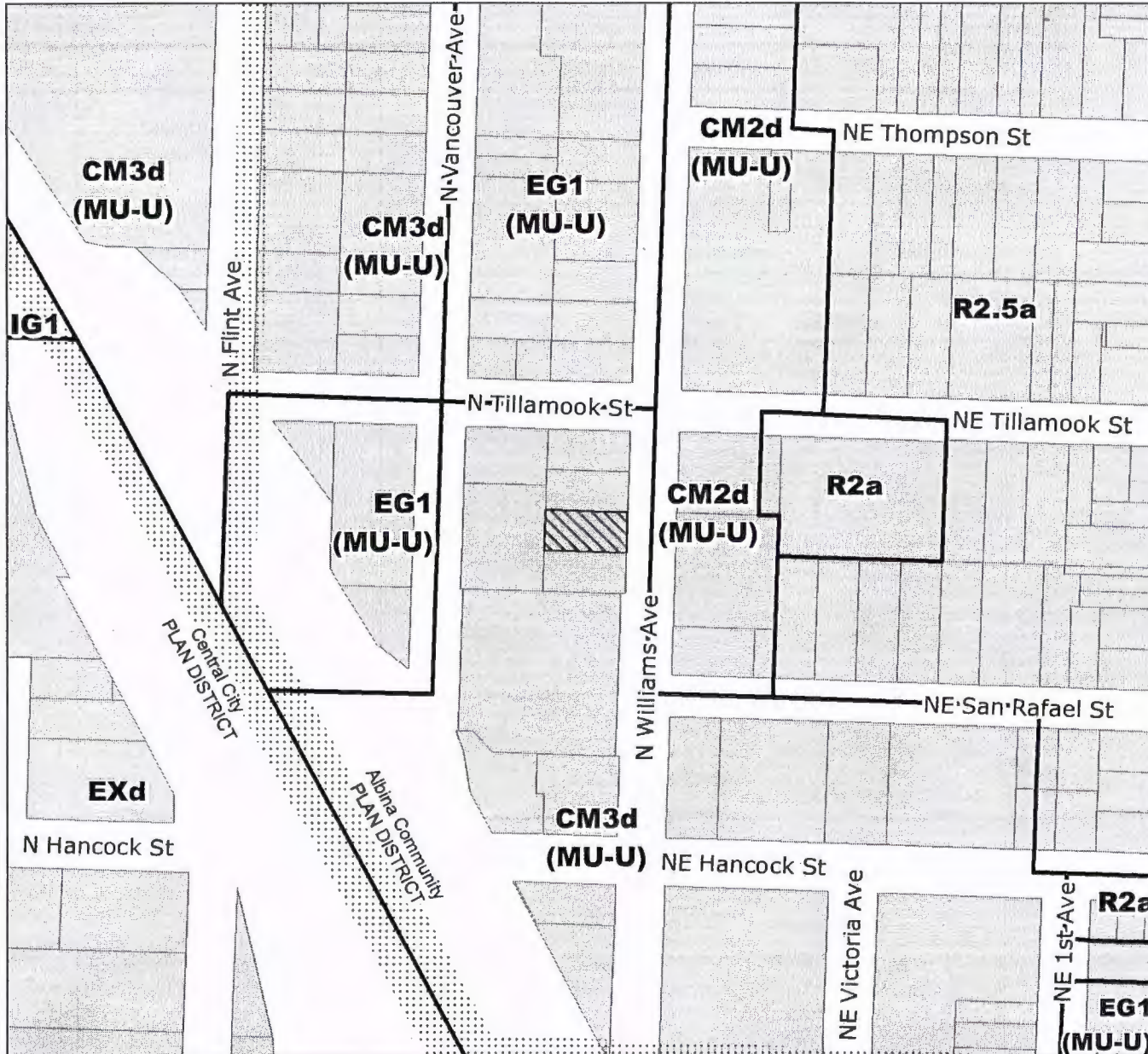
503-823-7353

Contact Number

Signature of Official

4 / 12 / 2019

Date



1 inch = 200 feet

