



OREGON LIQUOR CONTROL COMMISSION

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 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:	4/11/19
By: _____	JMZ
Date application accepted as initially complete:	4/11/19
By: _____	JMZ
License Action(s):	N/O

PD

APR 12 2019

Rec'd by Portland
Liquor Licenses

OLCC
3-5-19

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

Open Face Wines LLC _____
 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

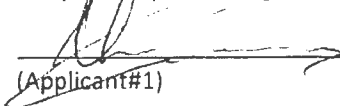
3. Applicant #1 <i>Open Face Wines LLC</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Open Face Wines</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>7311 SE Grant Street Unit A</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97215</i>	
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) <i>7311 SE Grant Street</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97215</i>	
9. Phone Number of the Business Location <i>916 712 1981</i>		Email Contact for this Application <i>mcc500m@gmail.com</i>	
Contact Person for this Application <i>Michael Cronin</i>		Phone Number <i>916 712 1981</i>	
Mailing Address <i>7311 SE Grant Street</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97215</i>

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: Open Face Wines LLC Phone: 9167121981

Trade Name (dba): Open Face Wines

Business Location Address: 7731 SE Grant Street Unit A

City: Portland ZIP Code: 97215

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 9am to 5pm, Monday 9am to 5pm, Tuesday 9am to 5pm, Wednesday 9am to 5pm, Thursday 9am to 5pm, Friday 9am to 5pm, Saturday 9am to 5pm. Outdoor Area Hours: Sunday to Saturday. The outdoor area is used for: Food service, Alcohol service, Enclosed.

Seasonal Variations: No If yes, explain: Not Open to the Public

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 to Saturday

SEATING COUNT Restaurant, Lounge, Banquet, Outdoor, Other (explain), 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: 04/11/2019

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



S.S. 1510050-98

Please Print or Type

DLCC-ACT 240: 1-10-20

LLC Name: Open Face Wines LLC Year Filed: 2019

Trade Name (dba): Open Face Wines

Business Location Address: ~~238 SE 61st Ave~~ 7311 SE Gerant St. Unit A

City: Portland ZIP Code: 97215

List Members of LLC:

Percentage of Membership Interest:

1. Michael Croon
(managing member)

100%

2. _____
(members)

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: Michael Croon ^{N/A} _{WMBW} DOB: 12/22/1988

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

Signature: [Signature] Member Date: 04/03/2019
(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) - 323-7526 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: Open Face Wines LLC

DBA OR TRADE NAME: Open Face Wines PHONE: 916 712 1981 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 7311 SE Grant Street Unit A Portland OR 97215

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

CONTACT PERSON: Michael Cronin PHONE: 916 712 1981 EMAIL: mccronin@gmail.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>Winery Office</u> |

SIZE OF SERVICE AREA: N/A

EXISTING BUILDING: Yes No

ZONING: RS

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: None OUTSIDE SEATING CAPACITY: None

DESCRIBE SECURITY: Locks & Deadbolts

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: 9am-5pm CLOSE: 5pm FRIDAY & SATURDAY OPEN: 9am CLOSE: 5pm

HOW LATE WILL THERE BE OUTSIDE SEATING? _____ HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____

NAME & ADDRESS OF PROPERTY OWNER: April Parker 7311 SE Grant St. Portland OR 97215

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 503-855-2433. 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: 4/12/2019



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: 7311 SE GRANT ST

R#: R536049

State ID: 1S2E05DC 8704

Zone: R5

Plan District:

Proposed Use: WHOLESALE

WHOLESALE is an ALLOWED use in the R5 zone

Additional Comments:

Per 33.203.020.A, this activity is allowed by right as a Type A Home Occupation. No customers, employees or retail sales allowed on site.

Tyler Mann

Name of City Official

City Planner

Title

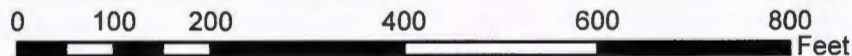
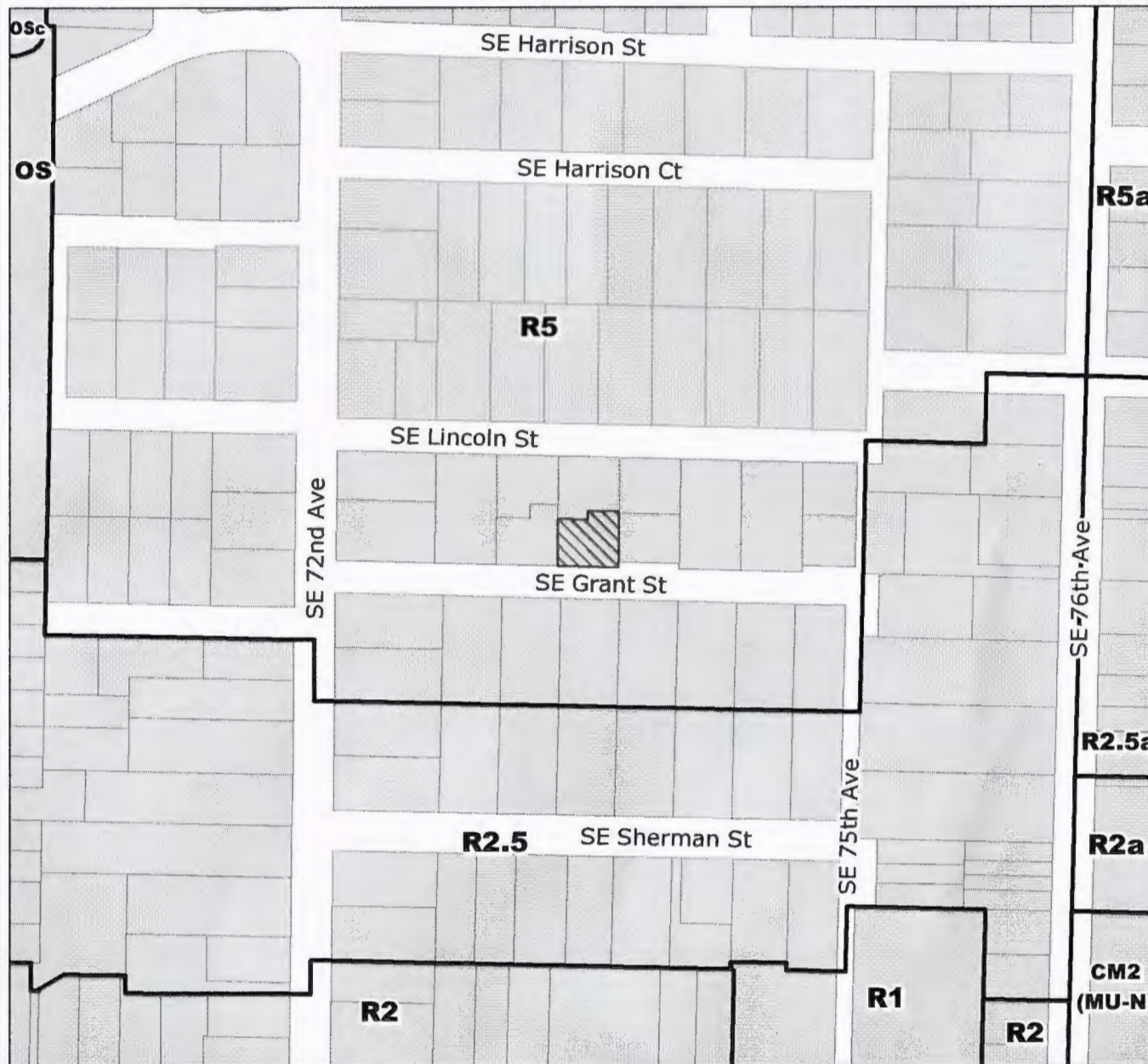
503-823-5062

Contact Number

Signature of Official

4 / 12 / 2019

Date



1 inch = 200 feet

