



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 checked="" type="checkbox"/> Limited On-Premises	
<input checked="" 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 19 2019
PD #1W ek
* 2387

OLCC USE ONLY

Date application received: **RECEIVED**
4/17/19 **APR 17 2019**

By: Initials: [Signature]
Oregon Liquor Control Commission

Date application accepted as initially complete:
4/19/19

By: Jon Z

License Action(s): N10

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

Extra Virgin LLC

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
RECEIVED JAN 23 2019	
Initials: _____ Oregon Liquor Control Commission	



LIQUOR LICENSE APPLICATION


3. Applicant #1 Extra Virgin LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Real Good Food			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 935 NE Couch Street			
City Portland	County Multnomah	Zip Code 97232	
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) 935 NE Couch Street			
City Portland	State Oregon	Zip Code 97232	
9. Phone Number of the Business Location (503) 380-1067		Email Contact for this Application noah@realgoodfood.com	
Contact Person for this Application Noah Cable		Phone Number (503) 810-2665	
Mailing Address 3928 SE 48th Ave	City Portland	State OR	Zip Code 97206

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.

 for Extra Virgin LLC

 (Applicant #1) (Applicant #2)

 (Applicant #3) (Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: James E Dixon Phone: 503-380-1067

Trade Name (dba): Real Good Food

Business Location Address: 935 NE Couch

City: Portland ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 1pm to 6pm
 Monday 1pm to 6pm
 Tuesday 1pm to 6pm
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday 1pm to 6pm
 Saturday 1pm to 6pm

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)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: 4 Outdoor: _____
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 4

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: 4/2/2019

1-800-452-OLCC (6522)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 016403-90

Please Print or Type

LLC Name: Extra Virgin LLC Year Filed: 1992

Trade Name (dba): Real Good Food

Business Location Address: 935 NE Couch Street

City: Portland, Oregon ZIP Code: 97232

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>James E Dixon</u> (managing member)	<u>100%</u>
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: Noah C Cable DOB: 01/25/1975

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

Signature: [Signature] (name) Manager (title) Date: 4/17/19

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) - 823-7526 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: Extra Virgin LLC

DBA OR TRADE NAME: Real Good Food PHONE: (503) 380-1067 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 935 NE Couch Portland OR

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

CONTACT PERSON: Noah Cable PHONE: (503) 810-2665 EMAIL: noah@realgoodfood.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 500 sqft

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

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

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?
 Yes No I Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 1pm CLOSE: 6pm FRIDAY & SATURDAY OPEN: 1pm CLOSE: 6pm

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Bradford Fletcher

NAME & ADDRESS OF PROPERTY OWNER: LoCo LLC 01537 S. Comus St Portland OR 97219

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): Farmers Market
- 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
this is a small specialty food store that will sell some wine & will have a small testing counter.

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

SIGNATURE: _____ DATE: 4/17/19



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: 935 NE COUCH ST

R#: R150406

State ID: 1N1E35CA 3100

Zone: IG1

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is a LIMITED use in the IG1 zone

Additional Comments:

Per 33.140.100.4.a, One Retail Sales and Service Use is allowed per site, up to a maximum of 3,000 square feet per retail use.

Jean M Hester

Name of City Official

City Planner

Title

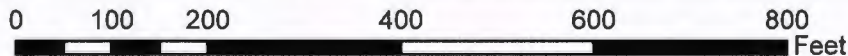
503-823-7783

Contact Number

Signature of Official

4 / 19 / 2019

Date



1 inch = 200 feet

