



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	_____
<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	<i>Rec'd by Portland Liquor Licenses</i>
<input type="checkbox"/> Full On-Premises, Passenger Carrier	<i>APR 19 2019</i>
<input type="checkbox"/> Full On-Premises, Other Public Location	<i>PD \$100-ck # 492</i>
<input type="checkbox"/> Full On-Premises, For Profit Private Club	OLCC USE ONLY
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	Date application received:
<input type="checkbox"/> Grower Sales Privilege 1 st location	<i>5/11/19</i>
<input type="checkbox"/> Grower Sales Privilege 2 nd location	By: <i>Jan Z</i>
<input type="checkbox"/> Grower Sales Privilege 3 rd location	Date application accepted as initially complete:
<input checked="" type="checkbox"/> Limited On-Premises	<i>4/9/19</i>
<input type="checkbox"/> Off-Premises	By: <i>Jan Z</i>
<input type="checkbox"/> Off-Premises with Fuel Pumps	License Action(s): <i>N/O</i>
<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	

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

Limcharoen LLC (dba: WHAUSM)

(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>Limcharoon LLC</i> <i>Ada Yarungsee</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>WHOLISM</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>4604 SE Hawthorne Blvd</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>4604 SE Hawthorne Blvd, Portland, OR 97215</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97045</i>	
9. Phone Number of the Business Location <i>(503) 2361466</i>		Email Contact for this Application <i>yarungsee.ada@gmail.com</i>	
Contact Person for this Application <i>Ada Yarungsee</i>		Phone Number <i>(917) 2384264</i>	
Mailing Address <i>4604 Hawthorne Blvd.</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97045</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: Limcharoen LLC Phone: (503) 236 1466

Trade Name (dba): WHOLISM

Business Location Address: 4604 SE Hawthorne Blvd

City: Portland

ZIP Code: 97049

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9 am to 5 pm
Monday 9 am to 5 pm
Tuesday 9 am to 5 pm
Wednesday 9 am to 5 pm
Thursday 9 am to 5 pm
Friday 9 am to 5 pm
Saturday 9 am to 5 pm

Outdoor Area Hours:

Sunday 9 am to 5 pm
Monday 9 am to 5 pm
Tuesday 9 am to 5 pm
Wednesday 9 am to 5 pm
Thursday 9 am to 5 pm
Friday 9 am to 5 pm
Saturday 9 am to 5 pm

The outdoor area is used for:

Food service Hours: 9 am to 5 pm
Alcohol service Hours: 9 am to 5 pm
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:

- 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
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: 38 Outdoor:
Lounge: Other (explain):
Banquet: Total Seating: 38

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: Date: 02/18/19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SS: 1231161-96

Please Print or Type

LLC Name: Limcharoen LLC. Year Filed: 2017
Trade Name (dba): WHOLISM
Business Location Address: 4604 SE Hawthorne Blvd.
City: Portland ZIP Code: 97045

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>Kannika Vissapattana</u>
<small>(managing member)</small> | <u>50%</u> |
| 2. <u>Manassanun Bussarapornpanich</u>
<small>(members)</small> | <u>50%</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: _____ DOB: _____

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

Signature: Ada Yarungsee General Manager Date: 02/18/19
(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: Limcharoen LLC (DBA: WHOLOISM)

DBA OR TRADE NAME: whoLOISM PHONE: (503) 236 1466 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 4604 SE Hawthorne Blvd, Portland, OR 97215

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

CONTACT PERSON: Ada Yarungsee PHONE: (917) 238 4264 EMAIL: yarungsee.ada@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: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 38 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?
 Yes No I Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 9 am to 12 pm CLOSE: 5 pm FRIDAY & SATURDAY OPEN: 9 am CLOSE: 5 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? no 5 pm HOW LATE WILL THERE BE ENTERTAINMENT? 5 pm

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Thai Lemon Restaurant

NAME & ADDRESS OF PROPERTY OWNER: Kannika Visapattana 19413 Cokeron Dr, Oregon City, OR 97146

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: none

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: _____ DATE: 04/15/09



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: 4604-4620 SE HAWTHORNE BLVD

R#: R176639

State ID: 1S2E06CA 23400

Zone: **CM2dm**

Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2dm zone

Additional Comments:

Per 33.130.100, Primary Uses, and Table 130-1, Retail Sales & Service uses are allowed by right in the CM2 zone.

Breah Pike-Salas

Name of City Official

City Planner

Title

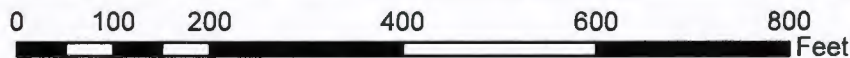
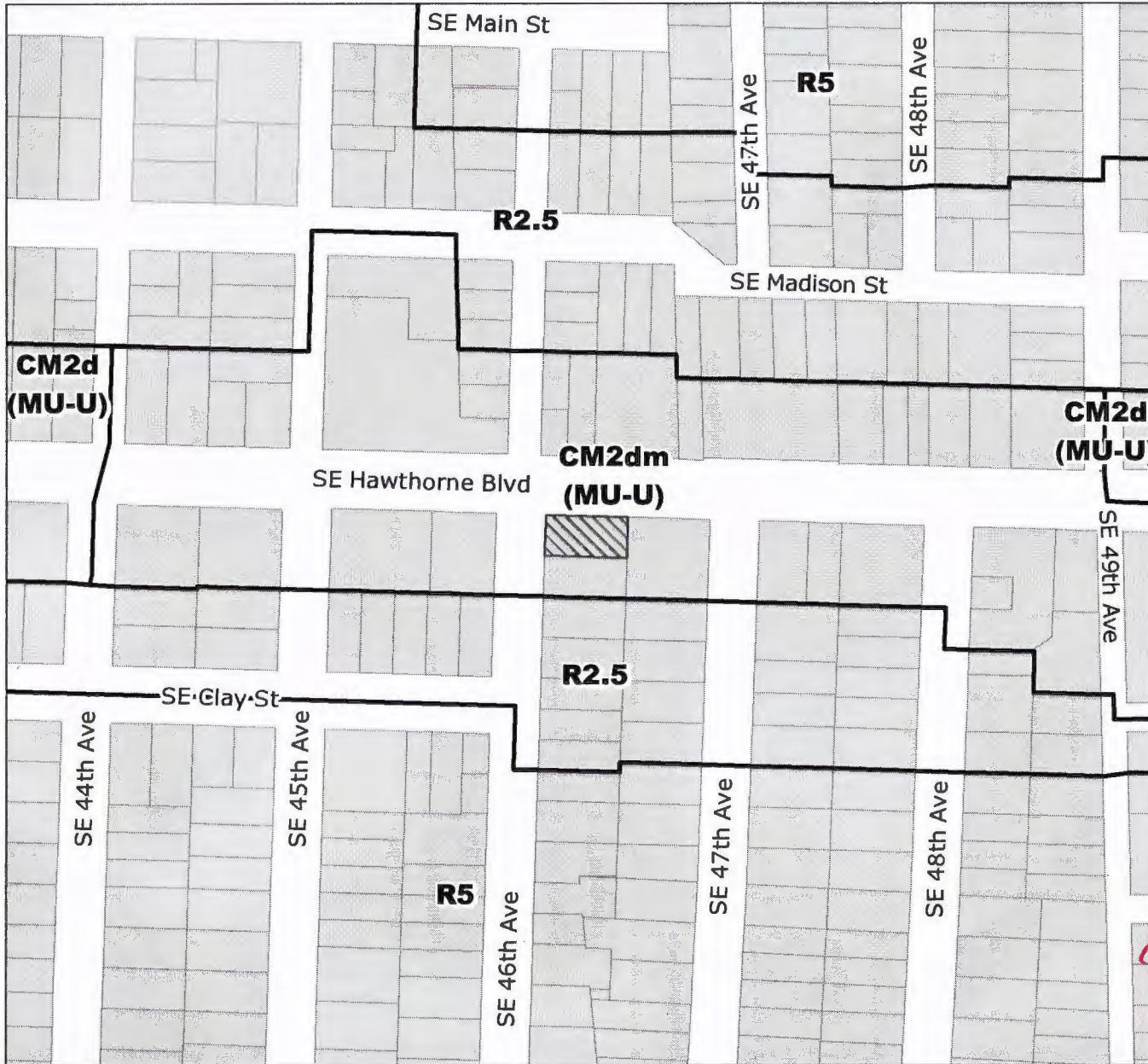
503.823.7389

Contact Number

Breah Pike-Salas
Signature of Official

4 / 19 / 2019

Date



1 inch = 200 feet

