



# 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 <sup>st</sup> Location	Date application received:
<input type="checkbox"/> Brewery 2 <sup>nd</sup> Location	Name of City or County:
<input type="checkbox"/> Brewery 3 <sup>rd</sup> Location	Recommends this license be:
<input type="checkbox"/> Brewery-Public House 1 <sup>st</sup> location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 2 <sup>nd</sup> location	By: _____
<input type="checkbox"/> Brewery-Public House 3 <sup>rd</sup> 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 <sup>st</sup> location	
<input type="checkbox"/> Grower Sales Privilege 2 <sup>nd</sup> location	
<input type="checkbox"/> Grower Sales Privilege 3 <sup>rd</sup> 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 <sup>st</sup> Location	
<input type="checkbox"/> Winery 2 <sup>nd</sup> Location	
<input type="checkbox"/> Winery 3 <sup>rd</sup> Location	
	OLCC USE ONLY
	Date application received:
	4/9/19
	By: Jon Z.
	Date application accepted as initially complete:
	4/22/19
	By: Jon Z.
	License Action(s): N/O

Rec'd by Portland  
Liquor Licenses  
APR 24 2019  
PD # 100-1350-CK

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

Filleen hooks, LLC ~52  
(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
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# LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>P. Pheen books, LLC #52</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Mother Foucault's Bookshop</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>523 SE MORRISON ST.</i>			
City <i>PORTLAND</i>	County <i>MULT.</i>	Zip Code <i>97214</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>523 SE MORRISON ST. PORTLAND, OR 97214</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97214</i>	
9. Phone Number of the Business Location <i>503 236 2665</i>		Email Contact for this Application <i>Mother Foucault's Bookshop@gmail.com</i>	
Contact Person for this Application <i>Craig Florence</i>		Phone Number <i>503 236 2665</i>	
Mailing Address <i>1732 SE ALDER ST.</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97214</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: Fifteen Books, LLC Phone: 503 236 2665

Trade Name (dba): MOTHERFOUCAULT'S BOOKSHOP

Business Location Address: 523 SE MORRISON ST.

City: PORTLAND ZIP Code: 97214

**DAYS AND HOURS OF OPERATION**

Business Hours:

Sunday 10 to 6  
Monday 10 to 6  
Tuesday 10 to 10  
Wednesday 10 to 10  
Thursday 10 to 10  
Friday 10 to 10  
Saturday 10 to 10

Outdoor Area Hours:

Sunday 10 to 6  
Monday 10 to 6  
Tuesday 10 to 10  
Wednesday 10 to 10  
Thursday 10 to 10  
Friday 10 to 10  
Saturday 10 to 10

The outdoor area is used for:

- Food service Hours: \_\_\_\_\_ to \_\_\_\_\_
- Alcohol service Hours: 10 to 10
- Enclosed, how \_\_\_\_\_

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

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: CLOSE EARLY DURING WINTER MONTHS

**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: \_\_\_\_\_ Outdoor: 4  
Lounge: \_\_\_\_\_ Other (explain): 35 (seating in shop)  
Banquet: \_\_\_\_\_ 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: April 15, 2019

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 75634A-9A

Please Print or Type

LLC Name: F: Fleen  
45 BOOKS NSL Year Filed: 2010

Trade Name (dba): MOTHERFOUCAULT'S BOOKSHOP

Business Location Address: 523 SE MORRISON ST.

City: PORTLAND ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. <u>CRAIG FLORENCE</u> (managing member)	<u>50</u>
2. <u>LAUREL KNAPP</u> (members)	<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: CRAIG FLORENCE DOB: 9/22/1976

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

Signature: [Signature] PROPRIETOR Date: April 9, 2019  
(name) (title)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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 15 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) - 313-7525 to confirm that the property is properly zoned.

On submission of this form, you must also include the following:

- OLCC Liquor Application Form, initiated 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: 15 BOOKS

DBA OR TRADE NAME: MOTHERFOUCAULT'S BOOKS PHONE: 503 236 2665 FAX: ---

BUSINESS ADDRESS (Including ZIP Code): 523 SE MORRISON ST. PORTLAND 97214

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

CONTACT PERSON: CRAIG FLORENCE PHONE: 503 236 2665 EMAIL: Motherfoucaultskookshop@gmail.com

## DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 2000 SQ FT.

EXISTING BUILDING:  Yes       No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: \_\_\_\_\_ LOUNGE SEATING CAPACITY: 35 OUTSIDE SEATING CAPACITY: 4

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: 10 CLOSE: 10 FRIDAY & SATURDAY OPEN: 10 CLOSE: 10

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 HOW LATE WILL THERE BE ENTERTAINMENT? 10

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: WE HAVE BEEN ESTABLISHED AT THIS LOCATION 8 YEARS.

NAME & ADDRESS OF PROPERTY OWNER: INNOVATIVE HOUSING 525 MORRISON ST. 97214

## 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) LITERARY EVENTS  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 503-355-2433. 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: Craig Florence DATE: April 22, 2015



