



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

3. Applicant #1 <i>Villa Hermosa Inc.</i> <i>Edgar Sanchez</i>		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) <i>Villa Hermosa Inc</i>			
5. Business Address (Number and Street Address of the Location that will have the liquor license) <i>8202 SE Flavel St</i>			
City <i>Portland</i>	County <i>Multnomah</i>	Zip Code <i>97266</i>	
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input 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>8202 SE Flavel St</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97266</i>	
9. Phone Number of the Business Location <i>503-445-6245</i>		Email Contact for this Application <i>Edgarrsanchez@gmail.com</i>	
Contact Person for this Application <i>Edgar Sanchez</i>		Phone Number <i>503-929-4151</i>	
Mailing Address <i>8202 SE Flavel St</i>	City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97266</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.

[Signature]

(Applicant #1)

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Edgar Sanchez Phone: 503-929-4151

Trade Name (dba): Villa Hermosa Inc,

Business Location Address: 8202 SE Flavel St

City: Portland ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>9</u> ^{am} to <u>9</u> ^{pm}
Monday	<u>9</u> to <u>9</u>
Tuesday	<u>9</u> to <u>9</u>
Wednesday	<u>1130</u> to <u>9</u>
Thursday	<u>9</u> to <u>9</u>
Friday	<u>9</u> to <u>10</u>
Saturday	<u>9</u> to <u>10</u>

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: Summer we extend our hours till 10pm.

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: 50 Outdoor: N/A

Lounge: N/A Other (explain): _____

Banquet: N/A Total Seating: 50

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: E. Sanchez Date: 3/20/19



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

SOS: 1486282-90

Please Print or Type

Corporation Name: Villa Hermosa Inc. Year Incorporated: 2018

Trade Name (dba): _____

Business Location Address: 8202 SE Flavel St

City: Portland ZIP Code: 97266

List Corporate Officers:

Edgar Sanchez (name) President (title)

List Board of Directors:

(name) _____

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:

Number of Shares Held:

Number of Stock Shares:

Issued: _____

Unissued: _____

Total Shares Authorized to Issue: _____

Server Education Designee: X Alicia Jimenez-San CREZ DOB: 10/21/1969
(See Liquor License Application Guide for more information)

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

Officer's Signature: Edgar Sanchez (name) Owner/manager (title) Date: 3/20/19

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) - 823-7525 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: Villa Hermosa Inc

DBA OR TRADE NAME: _____ PHONE: 503-445-6245 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 8202 SE Flavel St Portland OR 97266

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

CONTACT PERSON: Edgar Sanchez PHONE: 503-929-9151 EMAIL: Edgarsanchez@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: 20ft x 30ft

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 50 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: _____

DESCRIBE SECURITY: Cameras + alarm system

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 Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 9 CLOSE: 9 FRIDAY & SATURDAY OPEN: 9 CLOSE: 10

HOW LATE WILL THERE BE OUTSIDE SEATING? 0 HOW LATE WILL THERE BE ENTERTAINMENT? 10

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Amigos del Sol Inc

NAME & ADDRESS OF PROPERTY OWNER: Efren Sanchez 5918 SE 122nd ave unit 2 Portland

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: _____

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: _____

DATE: 4-20-19



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: 8202 SE FLAVEL ST

R#: R145993

State ID: 1S2E21CB 1600

Zone: EG2

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the EG2 zone

Additional Comments:

Retail sales and service use is allowed.

Douglas Strickler

Name of City Official

City Planner

Title

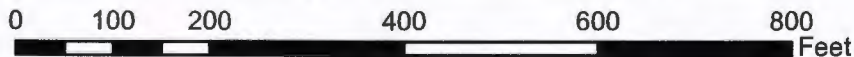
503-823-7919

Contact Number

Douglas Strickler
Signature of Official

4 / 22 / 2019

Date



1 inch = 200 feet

