



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"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Brewery-Public House 1 st location	By: _____
<input type="checkbox"/> Brewery-Public House 2 nd location	Date: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	
<input type="checkbox"/> Distillery	
<input checked="" 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 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:
	3/25/19
	By: Jan Z.
	Date application accepted as initially complete:
	4/22/19
	By: Jan Z.
	License Action(s): N/O

Rec'd by Portland
Liquor Licenses
APR 25 2019
PD # 110
JK

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

Smay Cafe LLC

(Applicant #1) _____ (Applicant #2) _____

(Applicant #3) _____ (Applicant #4) _____

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY



LIQUOR LICENSE APPLICATION


3. Applicant #1 Smay Cafe LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Smay Cafe			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1800 SW 1st Ave, Harrison Sq, Lobby/#105			
City Portland	County Multnomah	Zip Code 97201	
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) 2023 SW River Sq			
City Portland	State OR	Zip Code 97201	
9. Phone Number of the Business Location 971-331-3101		Email Contact for this Application smaycafe@gmail.com	
Contact Person for this Application Raksmev Scott-Moncrieff		Phone Number 971-255-1076	
Mailing Address 2023 SW River Sq	City Portland	State OR	Zip Code 97201

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: Smay Cafe LLC Phone: 971-255-1076

Trade Name (dba): Smay Cafe

Business Location Address: 1800 SW 1st Ave, Harrison Sq, Lobby/#105

City: Portland ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
 Monday 7am to 3pm
 Tuesday 7am to 3pm
 Wednesday 7am to 3pm
 Thursday 7am to 3pm
 Friday 7am to 3pm
 Saturday _____ to _____

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: _____

We are considering Summer hours (7am-5pm) if landlord provides outdoor seating as he has proposed.

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: Licensed 0-15 Outdoor: None yet
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 14

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: 3-21-19

1-800-452-OLCC (6522)

www.oregon.gov/olcc

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1439192-98

Please Print or Type

LLC Name: Smay Cafe LLC Year Filed: 2018

Trade Name (dba): Smay Cafe

Business Location Address: 1800 SW 1st Ave, Harrison Sq, Lobby/#105

City: Portland ZIP Code: 97201

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Raksmev Scott-Moncrieff</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: Raksmev Scott-Moncrieff DOB: 09/05/1982

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

Signature: [Signature] (name) Owner. (title) Date: 3.21.19

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: SMAY CAFE, LLC

DBA OR TRADE NAME: SMAY CAFE PHONE: 971-331-3101 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 1800 SW 1ST AVE, HARRISON SQ, LOBBY/#105, PORTLAND, OR 97201

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

CONTACT PERSON: RAKSMEY SCOTT-MONCRIEFF PHONE: 971-255-1076 EMAIL: SMAYCAFE@GMAIL.COM

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 950 sq ft

EXISTING BUILDING: Yes No

ZONING: COMMERCIAL

STRUCTURAL CHANGES (DESCRIBE): OFFICE BUILDING, RECENTLY RENOVATED

RESTAURANT SEATING CAPACITY: 14 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: TBD

DESCRIBE SECURITY: N/A

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: 7AM CLOSE: 3PM FRIDAY & SATURDAY OPEN: 7AM CLOSE: 3PM

HOW LATE WILL THERE BE OUTSIDE SEATING? LATEST 5PM HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: HARRISON SQ LLC, 1800 SW 1ST AVE, #600, PORTLAND, OR, 97201 (ATTN RANDY LOVRE)

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): N/A Events (Describe): N/A Other: N/A

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

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

SIGNATURE:  DATE: 4.25.19



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: 1800 SW 1ST AVE

R#: R272240

State ID: 1S1E03CB 100

Zone: CXd

Plan District: **CENTRAL CITY/SOUTH AUDITORIUM, UNIVERSITY**

Proposed Use: ~~DISTRICT/SALES AND SERVICE~~
Retail Sales

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

Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Services uses are allowed by right in the CX zone. The use is not further limited by the plan district.

Katie Moore

Name of City Official

City Planner

Title

503-823-7344

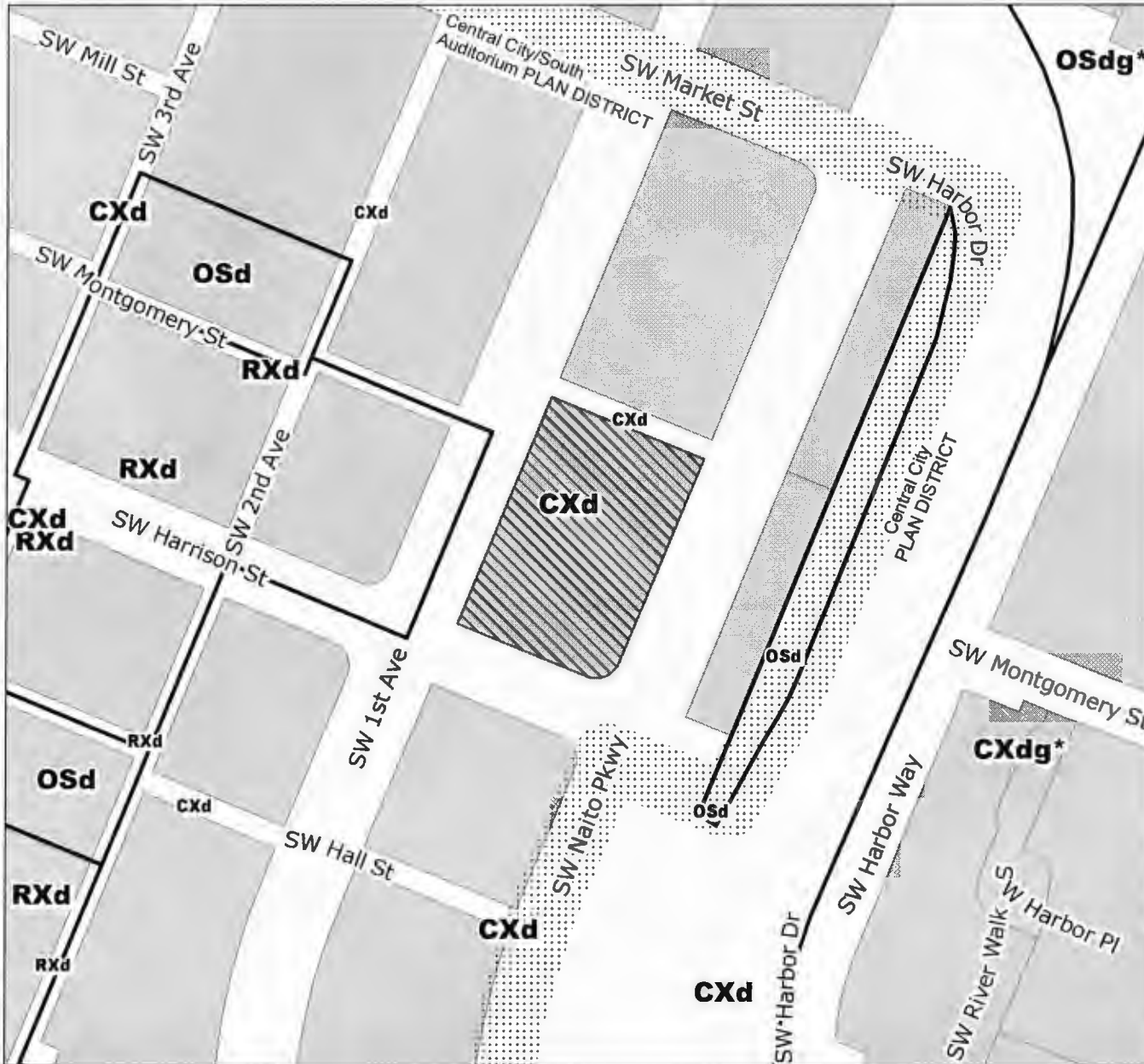
Contact Number

Katie Moore

Signature of Official

4 /24 /2019

Date



1 inch = 200 feet

