



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"/> Brewery-Public House 1 st location	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input checked="" type="checkbox"/> Brewery-Public House 2 nd location	By: _____
<input type="checkbox"/> Brewery-Public House 3 rd 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 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:
	By: _____
	Date application accepted as initially complete:
	By: _____
	License Action(s): _____

Rec'd by Portland
Liquor Licenses
APR 26 2019
PD
\$10-ck
1209

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

LEIKAM BREWING LLC

(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 LEIKAM BREWING LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) LEIKAM BREWING			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 5812 E BURNSIDE			
City PORTLAND	County MULTNOMAH	Zip Code 97215	
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) 5812 E BURNSIDE			
City PORTLAND	State OR	Zip Code 97215	
9. Phone Number of the Business Location 503-230-9636		Email Contact for this Application INFO@LEIKAMBREWING.COM	
Contact Person for this Application THEO LEIKAM		Phone Number 503-230-9636	
Mailing Address 1718 SE 32ND PLACE	City PORTLAND	State OR	Zip Code 97214

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) THEO LEIKAM for LEIKAM BREWING LLC

(Applicant #2)

(Applicant #3)

(Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: LEIKAM BREWING LLC Phone: 503-230-9636

Trade Name (dba): LEIKAM BREWING

Business Location Address: 5812 E. BURNSIDE

City: PORTLAND ZIP Code: 97215

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 8pm
Monday 3pm to 9pm
Tuesday 3pm to 9pm
Wednesday 3pm to 9pm
Thursday 3pm to 9pm
Friday 11am to 10pm
Saturday 11am to 10pm

Outdoor Area Hours:

same as business hours
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

The outdoor area is used for:

- Food service
Alcohol service
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees. (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Business hours may be shortened during winter months

ENTERTAINMENT

- Live Music
Recorded Music
DJ Music
Dancing
Nude Entertainers

- Check all that apply: do not plan on any of these
Karaoke
Coin-operated Games
Video Lottery Machines
Social Gaming
Pool Tables
Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

n/a
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

SEATING COUNT

Restaurant: 40 Outdoor: 20
Lounge: Other (explain):
Banquet: Total Seating: 60

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: 1/15/19



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

S.S.: 944/SO-99

Please Print or Type

LLC Name: LEIKAM BREWING LLC Year Filed: 2014

Trade Name (dba): LEIKAM BREWING

Business Location Address: 5812 E BURNSIDE

City: PORTLAND ZIP Code: 97215

List Members of LLC:


Percentage of Membership Interest:

1. THEODORE LEIKAM (managing member)	50
2. SONIA MARIE LEIKAM (members)	50
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: THEODORE LEIKAM DOB: 03/18/1981

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

Signature:  Date: 4/15/19
(name) owner (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) - 323-7525 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: LEIKAM BREWING LLC

DBA OR TRADE NAME: LEIKAM BREWING PHONE: (503) 230-4636 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 5812 E Burnside Portland OR 97215

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

CONTACT PERSON: Theo Leikam PHONE: (503) 230-4636 EMAIL: info@leikambrewing.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: ~ 2,000 sf

EXISTING BUILDING: Yes No

ZONING: CM2 - commercial mixed use 2

STRUCTURAL CHANGES (DESCRIBE): n/a

RESTAURANT SEATING CAPACITY: 40 LOUNGE SEATING CAPACITY: n/a OUTSIDE SEATING CAPACITY: 20

DESCRIBE SECURITY: Camera security and security system will be installed

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: 3 pm CLOSE: 8 pm FRIDAY & SATURDAY OPEN: 11 am CLOSE: 10 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 pm HOW LATE WILL THERE BE ENTERTAINMENT? n/a

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: B-side Studios / Thai Me Up

NAME & ADDRESS OF PROPERTY OWNER: Steve Strauss 5812 E Burnside

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY) n/a

- 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 503-365-2433. 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: [Signature] DATE: 4/24/19



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: 5812 E BURNSIDE ST

R#: R319338

State ID: 1N2E31DD 7700

Zone: CM2(MU-N)

Plan District: NONE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2(MU-N) 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.

Gina Tynan

Name of City Official

City Planner

Title

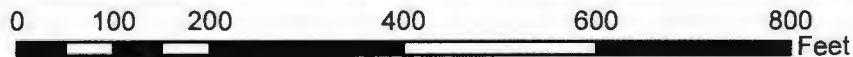
503-823-7271

Contact Number

[Signature]
Signature of Official

4 /26 /2019

Date



1 inch = 200 feet

