



LIQUOR LICENSE APPLICATION

Pending

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	<p>RECEIVED Rec'd by Portland Liquor Licenses APR 26 2019 APR 26 2019 OLCC CONTROL OFFICE PD \$100.00 clk # 3214</p>
<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	OLCC USE ONLY
<input type="checkbox"/> Warehouse	Date application received:
<input type="checkbox"/> Wholesale Malt Beverage & Wine	1/17/19
<input type="checkbox"/> Winery 1 st Location	By: <u>Front desk</u>
<input type="checkbox"/> Winery 2 nd Location	Date application accepted as initially complete:
<input type="checkbox"/> Winery 3 rd Location	1/28/19
	By: <u>Jan Z.</u>
	License Action(s): <u>N/O</u>

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

2-4-19 RS

OwlBoo LLC, DBA Commissary Cate _____

(Applicant #1) _____ (Applicant #2)

(Applicant #3) _____ (Applicant #4)

OLCC USE ONLY	OLCC FINANCIAL SERVICES USE ONLY
<p>RECEIVED JAN 17 2019 Initials: <u>[Signature]</u> Oregon Liquor Control Commission</p>	



LIQUOR LICENSE APPLICATION

3. Applicant #1 OwlBoo LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) Commissary Cafe (DBA) 2-4-19 KW			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 915 NW 19th Ave., Suite A			
City Portland	County Multnomah	Zip Code 97209	
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) 915 NW 19th Ave., Suite A			
City Portland	State Or	Zip Code 97209	
9. Phone Number of the Business Location 503-593-5992		Email Contact for this Application kim@commissarycafe.com	
Contact Person for this Application Kim Wilson		Phone Number 503-789-0619	
Mailing Address 915 Nw 19th Ave, Suite A	City Portland	State OR	Zip Code 97209

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.

Kim Wilson Digitally signed by Kim Wilson
Date: 2019.01.01 13:07:01 -08'00'

(Applicant #1) _____ (Applicant #2)

(Applicant #3) (Applicant #4)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: OwlBoo LLC Phone: 503-789-0619

Trade Name (dba): Commissary Cafe

Business Location Address: 915 NW 19th Ave., Suite A

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8:00am to 8:00pm
Monday 7:00am to 5:00pm
Tuesday 7:00am to 5:00pm
Wednesday 7:00am to 5:00pm
Thursday 7:00am to 8:00pm
Friday 7:00am to 8:00pm
Saturday 8:00am to 8:00pm

Outdoor Area Hours:

Sunday 8:00am to 3:00pm
Monday 7:00am to 5:00pm
Tuesday 7:00am to 5:00pm
Wednesday 7:00am to 5:00pm
Thursday 7:00am to 8:00pm
Friday 7:00am to 8:00pm
Saturday 8:00am to 8:00pm

The outdoor area is used for:

- Food service Hours: 7:00 to 8:00pm
- Alcohol service Hours: 8:00am to 8:00pm
- Enclosed, how _____

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Outside seating will only be available May-September

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: 24 Outdoor: 12
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 36

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: 1/1/2019

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



S.S.: 1061199-93

Please Print or Type

LLC Name: OWLBOO LLC Year Filed: 2013
Trade Name (dba): Commissary Cafe
Business Location Address: 915 NW 19th Ave, Suite A
City: PORTLAND ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|-------------|
| 1. <u>Kim Wilson</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: [Signature] DOB: 05/21/1983

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

Signature: [Signature] OWNER Date: 1/1/2019
(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: DNLBOO LLC

DBA OR TRADE NAME: Commissary PHONE: 503-593-5992 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 915 NW 19th Ave., Suite A, Portland, OR 97209

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

CONTACT PERSON: Kim Wilson PHONE: 541-913-4408 EMAIL: kim@commissarycafe.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: 850 sq ft.

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 32 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: One entrance door

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: 6pm FRIDAY & SATURDAY OPEN: 7am CLOSE: 8pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 8pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: _____

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): Caters 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 503-865-2488. 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: [Signature] DATE: 4/15/2019



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: 915 NW 19TH AVE

R#: R141143

State ID: 1N1E33AC 11200

Zone: **CM3d(MU-U)**

Plan District: **NORTHWEST**

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CM3d(MU-U) zone

Additional Comments:

Per 33.130.100, Table 130-1 lists Retail Sales and Service as allowed by right in the CM3 zone.

Tyler Mann

Name of City Official

City Planner

Title

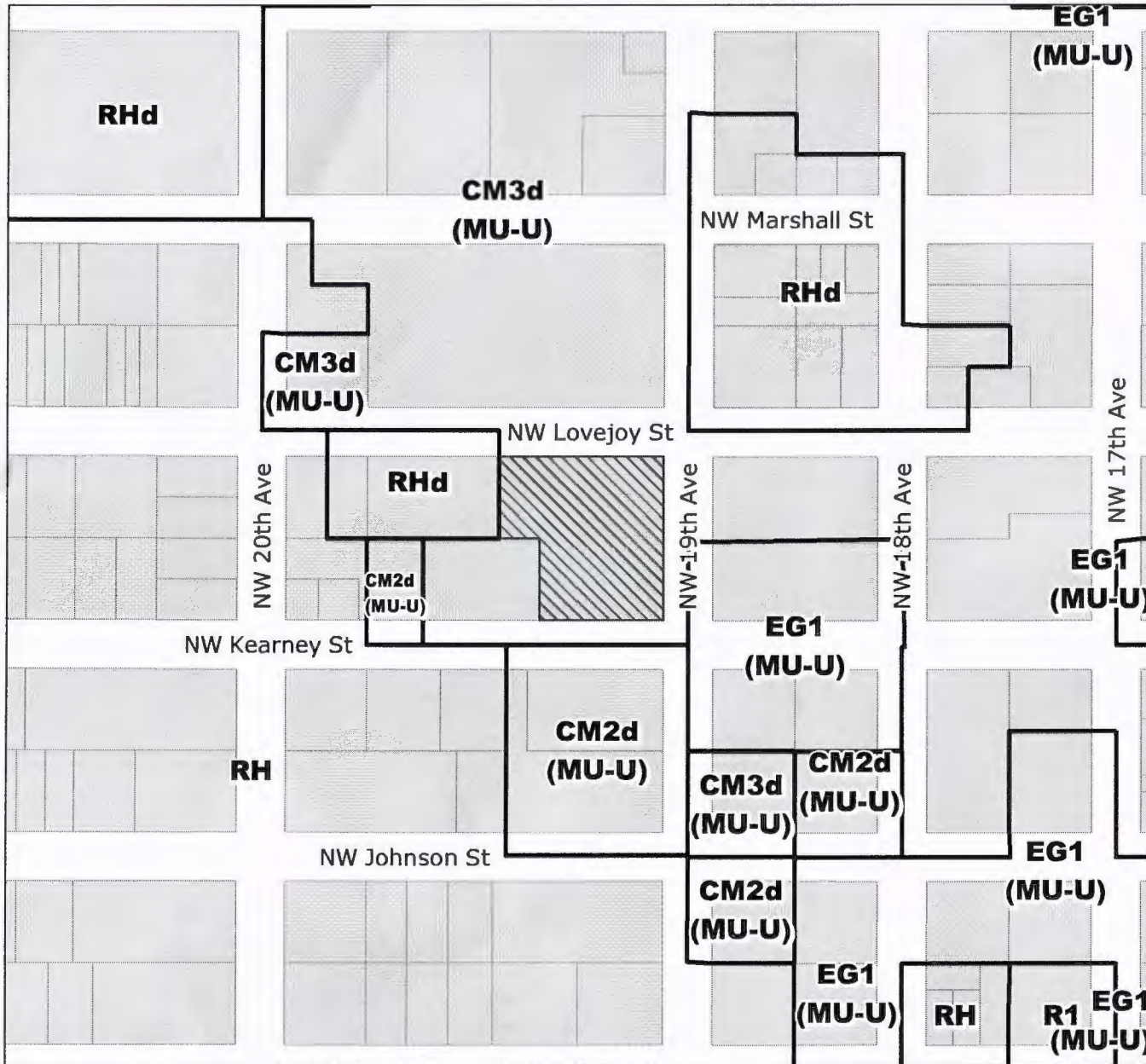
503-823-5062

Contact Number

Signature of Official

4 /26 /2019

Date



0 100 200 400 600 800 Feet

1 inch = 200 feet

