

Rec'd by Portland
Liquor Licenses

MAY 16 2019

PD \$75.00 ck
1021



OREGON LIQUOR CONTROL COMMISSION

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 type="checkbox"/> Brewery-Public House 2 nd location	By: _____
<input type="checkbox"/> Brewery-Public House 3 rd location	Date: _____
<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:
	4/25/19
	By: <u>Jan Z</u>
	Date application accepted as initially complete:
	4/29/19
	By: <u>Jan Z</u>
	License Action(s): <u>G/Priv</u>

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

BOONCHAROEN 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 BOONCHAROEN LLC		Applicant #2	
Applicant #3		Applicant #4	
4. Trade Name of the Business (Name Customers Will See) RED ONION THAI CUISINE			
5. Business Address (Number and Street Address of the Location that will have the liquor license) 1123 SR 1037 1037 NW 23 rd Ave NJZ			
City PORTLAND	County MULTNOMAH	Zip Code 97210	
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) 10377 SW 67 th AVE			
City TIGARD	State OR	Zip Code 97223	
9. Phone Number of the Business Location 503-208-2634		Email Contact for this Application surinnai@hotmail.com	
Contact Person for this Application SUREN RUTTANAPAI BOONCHAROEN		Phone Number 503-407-4182	
Mailing Address 10377 SW 67 th AVE	City Tigard	State OR	Zip Code 97223

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
LIMITED LIABILITY COMPANY QUESTIONNAIRE



SOS: 1046825-96

Please Print or Type

LLC Name: BOONCHAROEN LLC Year Filed: 2014

Trade Name (dba): RED OYON THAI CUISINE

Business Location Address: ~~123 1037~~ NW 23rd Ave N52

City: PORTLAND, OR ZIP Code: 97210

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|------------|
| 1. <u>METHAVEE RATTANAPAIBOONCHAROEN</u>
(managing member) | <u>50%</u> |
| 2. <u>SUREN RATTANAPAIBOONCHAROEN</u>
(members) | <u>25%</u> |
| 3. <u>JIRASAK RATTANAPAIBOONCHAROEN</u> | <u>25%</u> |
| 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: SUREN RATTANAPAIBOONCHAROEN DOB: 09/30/1975

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

Signature: MEMBER Date: 04/23/19
(name) (title)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: SURIN RUTTANAPAIBOONCHAROEN Phone: 503-407-4132

Trade Name (dba): RED ONION THAI CUISINE

Business Location Address: ~~143~~ 1037 NW 23rd AVE N57

City: PORTLAND ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:00 PM to 9:00 PM
 Monday 11:00 AM to 9:00 PM
 Tuesday 11:00 AM to 9:00 PM
 Wednesday 11:00 AM to 9:00 PM
 Thursday 11:00 AM to 9:00 PM
 Friday 11:00 AM to 9:30 PM
 Saturday 12:00 PM to 9:30 PM

Outdoor Area Hours:

Sunday 12:00 PM to 9:00 PM
 Monday 11:00 AM to 9:00 PM
 Tuesday 11:00 AM to 9:00 PM
 Wednesday 11:00 AM to 9:00 PM
 Thursday 11:00 AM to 9:00 PM
 Friday 11:00 AM to 9:30 PM
 Saturday 12:00 PM to 9:30 PM

The outdoor area is used for:

Food service Hours: 11:00 AM to 9:30 PM
 Alcohol service Hours: 11:00 AM to 9:30 PM
 Enclosed, how _____

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

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers

- Check all that apply:
- 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: 77 Outdoor: 10
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 87

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: 04/22/19