



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
- Commercial Establishment
- Caterer
- Passenger Carrier
- Other Public Location
- Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

L: 187120
P: 45540

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

Granted Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by:

Date: 4/09/14

90-day authority: Yes No

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① BONETARD LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): SON OF A BISCUIT

3. Business Location: 2045 SE DIVISION ST. PORTLAND MULT. OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 122 NW 10th AVE PORTLAND OR 97209
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-679-2570 n/a
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: PIZZACATO Type of License: Limited ^{OP} Off-Premises

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: _____
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? MULTNOMAH
(name of city or county)

11. Contact person for this application: KATHERINE POPPE 503-679-2570
(name) (phone number(s))

430 SW 13th AVE #2013 PORTLAND 97205 katie.poppe@gmail.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① Date 4-2-14 ③ _____ Date _____

② Date _____ ④ _____ Date _____

Rec'd by Portland
Liquor Licenses

APR 04 2014

FD 100⁵⁰ THIS
Lash



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: BONEYARD LLC Phone: 503-679-2570

Trade Name (dba): SON OF A BISCUIT

Business Location Address: 2045 SE Division St.

City: PORTLAND ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11am</u>	to	<u>10pm</u>
Monday	<u>"</u>	to	<u>"</u>
Tuesday	<u>"</u>	to	<u>"</u>
Wednesday	<u>"</u>	to	<u>"</u>
Thursday	<u>"</u>	to	<u>"</u>
Friday	<u>"</u>	to	<u>"</u>
Saturday	<u>"</u>	to	<u>"</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: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: 25 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: _____

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: 4-2-14

1-800-452-OLCC (6522)

www.oregon.aov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: BONETARD LLC Year Filed: 2013

Trade Name (dba): SON OF A BISCUIT

Business Location Address: 2045 SE Division ST

City: PORTLAND ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. KATHERINE POPPE
(managing member)

100%

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: KATHERINE POPPE DOB: 6-23-80

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

Signature:  _____ Date: 4-2-14
(name) (title)

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

Submit to: Theresa Marchetti, Office of Neighborhood Involvement, 1221 SW 4th Av, Ste 110, Portland, OR 97204
(503) 823-3092

City Endorsement Fees are payable at the beginning of the application process: New outlets are \$100.00. All others are \$75.00. Make checks payable to the City of Portland. You must include the OLCC Liquor Application form, *initialed by your OLCC License Investigator* and all OLCC Individual History forms. All blanks must be filled in. If the question does not apply, write "N/A" in the space. All persons who are anticipated to have a financial interest and key personnel must complete City of Portland Personal History forms. 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. A City liquor endorsement is not a confirmation that the property is properly zoned. Call 823-7526 to confirm that the property is properly zoned.

Legal Name of Business: Boneyard LLC

DBA or Trade Name: Son of a Biscuit Phone: 503-679-2570 Fax: N/A

Business Address, including Zip Code: ~~430 SW 15th Ave~~ 2045 SE Division St. Portland, OR 97202

What type of liquor-license are you applying for? (Change owner, new outlet, beer & wine, etc.) Limited On-Premise & Off Premise

Contact person: Katherine Poppe Contact phone: 503 679-2570 E-mail: Katie.poppe@gmail.com

Please note: New Outlet Package Stores may be subject to the Convenience Store Review process through the Planning Bureau. Call 823-7526 for applicable information, regulations and forms.

DESCRIPTION OF OUTLET:

Type of Operation: (Check all that apply) <input type="checkbox"/> Food Cart/Food Cart Pod <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Sports bar <input type="checkbox"/> Tavern	<input type="checkbox"/> Night Club <input type="checkbox"/> Convenience Store <input type="checkbox"/> Other (Please Describe _____)	Size of Service area: <u>650 ft²</u> Existing Building: (circle) <u>YES</u> / NO Zoning: <u>R1</u> Structural Changes: (describe): :
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Seating Capacity: Restaurant 28 Lounge/Bar Outside Sidewalk / Outside patio

Will you be seeking a sidewalk café permit? YES / NO - Date Obtained/Applied for: / /

Describe Security: N/A

Has an application for a liquor license at this location been received by the City of Portland in the last 2 years? Yes no don't know

HOURS OF OPERATION

Sunday through Thursday open 11 close 11 Friday & Saturday open 11 close 11

How late will you have outside seating? N/A How late will you have entertainment? N/A

HISTORY OF LOCATION

Previous Business Name of this location: Pizzicato

Name and Address of Property Owner: Division st LLC, 1532 SW Morrison St, PDX 97205

ENTERTAINMENT:

<input type="checkbox"/> Dancing <input type="checkbox"/> Karaoke <input type="checkbox"/> Live Music <input type="checkbox"/> Recorded Music	<input type="checkbox"/> Video Poker <input type="checkbox"/> Video games/Pinball <input type="checkbox"/> Social Gaming <input type="checkbox"/> Pool Tables (if yes, how many?)	<input type="checkbox"/> Nude Dancers <input type="checkbox"/> DJ Entertainment <input type="checkbox"/> Events (describe) _____ <input type="checkbox"/> Other (describe) _____
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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.

Use this area to provide any additional information that you wish to be considered on this liquor application.

N/A

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

Signature: Katie Poppe Date: 4/1/14

City of Portland
 Bureau of Development Services
 Land Use Service Division
 1900 SW 4th Ave. Suite 5000
 Portland, OR 97201

See with 4/14/14

MapWorks: Negisfile\bdsv\GIS\workspace\GIS\mxd

File Edit View Drawing Help

Scale: 1" = 239'

BES Unit ID

Database Search Panel

Owner Name: BOUFFANT LLC
 Site Address: 2045 SE DIVISION ST, STE C
 State ID: 15JE02DD 9400
 Account #: P659492

Search: Clear PortlandMaps

Geocode Address When Taxlot Not Found
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window

Navigate Query Results: [Left Arrow] [Right Arrow] [Home] [End]

Owner: BOUFFANT LLC Site Address: 2045 SE DIVISION ST State: 15JE02DD

Taxlot Details

Lot Size: Building Size: Map Number: 3232

Legal Description: MARCUS MC MURRAY BLK 1 Lot 8 Block:

Mailing Information: BOUFFANT LLC 33 NW 5TH AVE, 2ND FLOOR PORTLAND, OR 97209-3301

Zoning Code(s): CSm

Historic District: Conservation District: Jurisdiction: Portland

1/4 Section Map Tax Map Zoning Map

Plan District: SubDistrict: SubArea: NTPP: Draw LURs LUR Search

LUR Case History: (2 Cases)
 LU 03-117922 AD
 LU 04-037631 AD

Scale 1 inch = 239 feet

12:19 PM 4/4/2014