



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 _____

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

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: CAO

Date: 4/02/14

90-day authority: Yes No

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

① Sugar Mamas' Cafe LLC ③ _____
② _____ ④ _____

2. Trade Name (dba): Sugar Mamas' Cafe

3. Business Location: 320 SW Alder Portland, Multnomah, OR, 97204 ✓
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-224-3323
(phone)

Rec'd by Portland
Liquor Licenses
(fax)
APR 24 2014

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

7. If yes to whom: _____ Type of License: _____

PD 100
CASH

8. Former Business Name: _____

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

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

11. Contact person for this application: Damon Schmitt 503-577-7616
(name) (phone number(s))
235 Pearl St, Oregon City, OR mojo13rising@hotmail.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 [Signature] Date 03/14/14 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Sugar Mamas' ^{Cafe} LLC Phone: 503-224-3323

Trade Name (dba): Sugar Mamas' Cafe

Business Location Address: 320 SW Alder

City: Portland ZIP Code: 97204

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>7</u>	to	<u>7</u>
Monday	<u>7</u>	to	<u>7</u>
Tuesday	<u>7</u>	to	<u>7</u>
Wednesday	<u>7</u>	to	<u>7</u>
Thursday	<u>7</u>	to	<u>7</u>
Friday	<u>7</u>	to	<u>7</u>
Saturday	<u>7</u>	to	<u>7</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: Currently our hours are ~~8am-3~~ 7am-3
We intend to expand into early evening once we have alcohol.

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: Dazzling Conversation

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

SEATING COUNT

Restaurant: 48 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: 03/19/14

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: Sugar Mamas' Cafe LLC Year Filed: 2008

Trade Name (dba): Sugar Mamas' Cafe

Business Location Address: 320 SW Alder

City: Portland ZIP Code: 97204

List Members of LLC:

Percentage of Membership Interest:

1. Michelle Schmitt
(managing member)

50%

2. Ginger Nelson
(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: Devin Schmitt DOB: 9/30/71

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

Signature: [Signature] - owner Date: 03/19/14
(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: <u>Sugar Mama's Cafe LLC</u>	
DBA or Trade Name: <u>Sugar Mama's Cafe</u>	Phone: <u>224-3323</u> Fax: _____
Business Address, including Zip Code: <u>320 SW Alder, Portland OR, 97204</u>	
What type of liquor license are you applying for? (Change owner, new outlet, beer & wine, etc.) <u>New Outlet, Full Service</u>	
Contact person: <u>Damon Schmitt</u>	Contact phone: <u>503-577-7616</u> mail: _____

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>48</u> Existing Building: (circle) <u>YES</u> / NO Zoning: _____ Structural Changes: (describe): : _____
Seating Capacity: Restaurant <u>48</u> Lounge/Bar _____ Outside Sidewalk _____ Outside patio _____		
Will you be seeking a sidewalk café permit? <u>YES</u> / NO - Date Obtained/Applied for: <u>1/1</u>		
Describe Security: <u>Bar manager has extensive security experience for Night Clubs</u>		
Has an application for a liquor license at this location been received by the City of Portland in the last 2 years? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> don't know		

HOURS OF OPERATION

Sunday through Thursday open <u>7</u> close <u>3</u> Friday & Saturday open <u>7</u> close <u>3</u>	
How late will you have outside seating? _____	How late will you have entertainment? _____
HISTORY OF LOCATION	
Previous Business Name of this location: <u>L9 Fondq</u>	
Name and Address of Property Owner: <u>City of Portland</u>	
ENTERTAINMENT:	
<input type="checkbox"/> Dancing <input type="checkbox"/> Karaoke <input type="checkbox"/> Live Music <input checked="" 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) _____	

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.

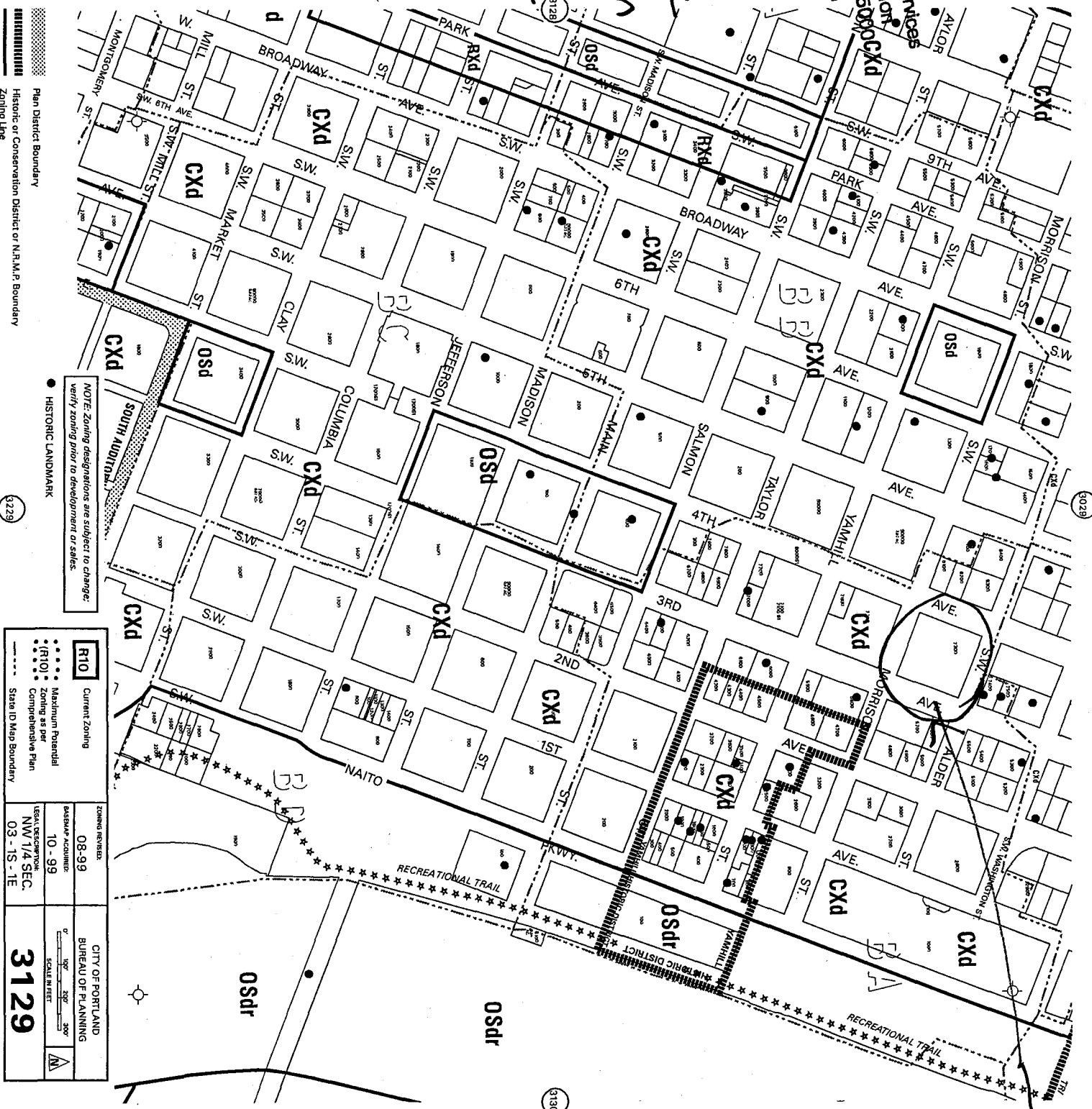
We won't be open late, this isn't a real bar, it will transition into a pseudo-lounge while still being very food-centric.

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

Signature: [Signature] Date: 4-12-14

City of Portland
 Bureau of Development Services
 Land Use Service Division
 1900 SW 4th Ave, Suite 500
 Portland, OR 97201

*CXD zone
 Retail sales +
 service is
 allowed use
 S. Van Swearingen
 Cum Planner
 4/22/14*



Plan District Boundary
 Historic or Conservation District or N.R.M.P. Boundary
 Zoning Line

NOTE: Zoning designations are subject to change.
 verify zoning prior to development or sales.

R10	Current Zoning	08-99	08-99
R10	Maximum Potential	10-99	10-99
R10	Zoning as per Comprehensive Plan	NW 1/4 SEC.	NW 1/4 SEC.
R10	State ID Map Boundary	03-15-1E	03-15-1E

LEGAL DESCRIPTION: NW 1/4 SEC. 03-15-1E

CITY OF PORTLAND
 BUREAU OF PLANNING

SCALE IN FEET
 0 100 200 300

3129

3129

site