



# 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: \_\_\_\_\_

**Rec'd by Portland  
Liquor Licenses**

~~JUN 05 2014~~  
**PD 100 99002**  
**# 100**

### 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: CM

Date: 6/11/14

90-day authority:  Yes  No

**Rec'd by Portland  
Liquor Licenses**

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

① ELDER HALL, LLC JUN 11 2014

② \_\_\_\_\_ PD 100 # ck 99002

2. Trade Name (dba): ELDER HALL, LLC

3. Business Location: 3929 NE MARTIN LUTHER KING JR BLVD. PORTLAND, OR  
(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: 503-288-6900 N/A  
(phone) (fax)

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

7. If yes to whom: \_\_\_\_\_ Type of License: \_\_\_\_\_

8. Former Business Name: \_\_\_\_\_

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

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

11. Contact person for this application: JASON FRENCH 971 409 5820  
(name) (phone number(s))

3929 NE MLK BLVD N/A JASON.F.FRENCH@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 [Signature] Date 5/21/14 \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: JASON FRENCH Phone: 971 409 5820

Trade Name (dba): ELDER HALL. LLC

Business Location Address: 3929 NE MLK BLVD. PORTLAND, OR 97212

City: PORTLAND ZIP Code: 97212

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>10</u>	to	<u>10</u>
Monday	<u>10</u>	to	<u>10</u>
Tuesday	<u>10</u>	to	<u>10</u>
Wednesday	<u>10</u>	to	<u>10</u>
Thursday	<u>10</u>	to	<u>10</u>
Friday	<u>10</u>	to	<u>10</u>
Saturday	<u>10</u>	to	<u>10</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 checked="" type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke                |
| <input type="checkbox"/> Recorded Music        | <input type="checkbox"/> Coin-operated Games    |
| <input checked="" type="checkbox"/> DJ Music   | <input type="checkbox"/> Video Lottery Machines |
| <input checked="" 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: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 50

#### 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: 6/21/14



# OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: Elder Hill LLC Year Filed: 2014

Trade Name (dba): Elder Hill

Business Location Address: 3929 SE MLK Blvd

City: Portland OR ZIP Code: 97212

**List Members of LLC:**

**Percentage of Membership Interest:**

1. <u>Jason French</u> <small>(managing member)</small>	<u>80%</u>
2. <u>Matthew Rea</u> <small>(members)</small>	<u>10%</u>
3. <u>Julie Bijler Rea</u>	<u>10%</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: ~~Jason French~~ Jason French DOB: 4/21/70

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

Signature: ~~Jason French~~ Jason French (name) Owner/Managing Member (Title) Date: 6/9/14

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

Submit to: Theresa Marchetti, Office of Neighborhood Involvement, 1221 SW 4<sup>th</sup> 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>Elder Hall LLC</u>	
DBA or Trade Name: <u>Elder Hall</u>	Phone: <u>971-409-5820</u> Fax: _____
Business Address, including Zip Code <u>3929 NE MLK Portland OR 97212</u>	
What type of liquor license are you applying for? (Change owner, new outlet, beer & wine, etc.) <u>new outlet - full</u>	
Contact person: <u>Jason French</u>	Contact phone: <u>971-409-5820</u> E-mail: <u>jason.f.french@gmail.com</u>

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 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) <u>event space catery</u>	Size of Service area: _____ Existing Building: (circle) <u>YES</u> / NO Zoning: _____ Structural Changes: (describe): : _____
Seating Capacity: Restaurant <u>50</u> Lounge/Bar _____ Outside Sidewalk _____ Outside patio _____		
Will you be seeking a sidewalk café permit? YES / NO - Date Obtained/Applied for / /		
Describe Security: _____		
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 checked="" type="checkbox"/> no <input type="checkbox"/> don't know		

**HOURS OF OPERATION**

Sunday through Thursday open _____ close _____	Friday & Saturday open _____ close _____
How late will you have outside seating? <u>11 PM</u>	How late will you have entertainment? <u>11 PM</u>

**HISTORY OF LOCATION**

Previous Business Name of this location: <u>Dragonfly Cha.</u>
Name and Address of Property Owner: <u>Timothy Ray</u>

**ENTERTAINMENT:**

<input type="checkbox"/> Dancing <input type="checkbox"/> Karaoke <input checked="" 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 checked="" type="checkbox"/> DJ Entertainment <input checked="" type="checkbox"/> Events (describe) <u>parties catery meetg</u> <input checked="" type="checkbox"/> Other (describe) <u>classes tastings</u>
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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.

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

Signature: \_\_\_\_\_ Date: 5/23/14

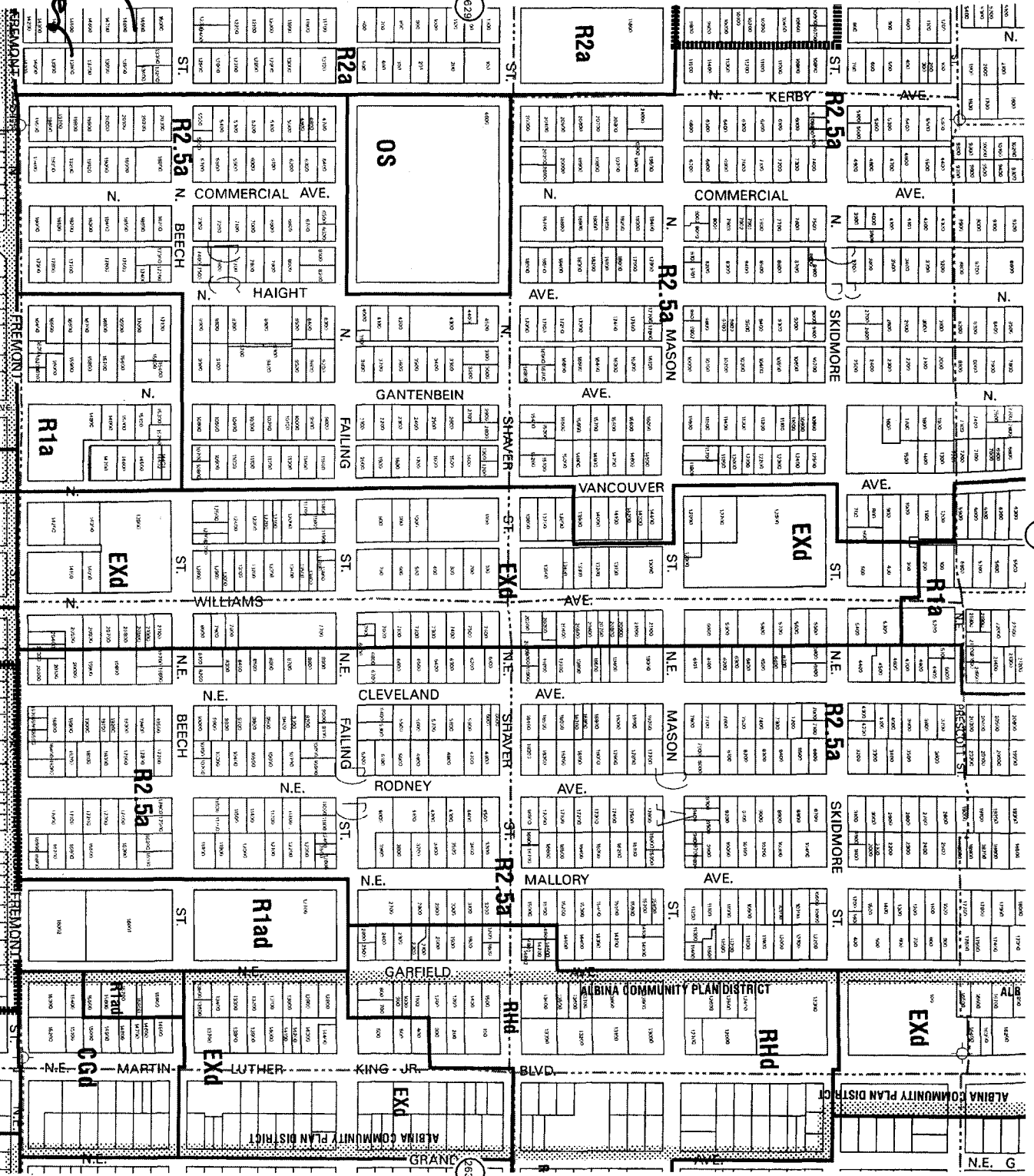
City of Portland  
 Bureau of  
 Development Services  
 Development Services Center  
 1900 SW Fourth Ave., Suite 5000  
 Portland, OR 97201

EXD

Central  
 Employment  
 allows  
 retail  
 sales +  
 service

M Feuerhagen  
 City Planner  
 BDS

SD3 823 7300



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

- Maximum Potential
- (R10) Zoning as per Comprehensive Plan
- State ID Map Boundary

ZONING REVISIONS:

07-20-2002  
 BUREAU OF PLANNING

DATE OF ACQUISITION: 07-20-2002

IDEAL DEVELOPMENT: SE 1/4 SEC. 22 - 1N - 1E

SCALE IN FEET

**2630**

City of Portland  
 Bureau of Planning  
 2630