



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

DM

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

SEP 21 2016

PD *OK*
313

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: *OK*

Date: *8-25-16*

90-day authority: Yes No

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

① The Baker's Mark, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): The Baker's Mark

3. Business Location: 1126 S.E. Division St. Suite 180 Portland Multnomah Oregon 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2724 S.E. Taylor St. Portland Oregon 97214
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____
(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: Mark Eklund
(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: Mark Eklund 818-359-4466
(name) (phone number(s))
2724 S.E. Taylor St. Portland, OR 97214 thebakersmark@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 *Mark Eklund* Date 8/15/16 ③ _____

② _____ Date _____ ④ _____

RECEIVED

Date AUG 19 2016

1-800-452-OLCC (8522) • www.oregon.gov/olcc

Initials: _____
Oregon Liquor Control Commission (rev. 08/2011)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: The Baker's Mark, LLC Phone: 818-559-4466

Trade Name (dba): The Baker's Mark

Business Location Address: 1126 S.E. Division St. Suite 180

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 am to 7 pm
Monday 11 am to 7 pm
Tuesday 11 am to 7 pm
Wednesday 11 am to 7 pm
Thursday 11 am to 7 pm
Friday 11 am to 7 pm
Saturday 11 am to 7 pm

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: 11 am to 7 pm
Alcohol service Hours: 11 am to 7 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

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: N/A

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to N/A

SEATING COUNT

Restaurant: 33 Outdoor: 16
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: Date: 8/15/16

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1005967-90

Please Print or Type

LLC Name: THE BAKER'S MARK, LLC Year Filed: 2016 ²

Trade Name (dba): THE BAKER'S MARK

Business Location Address: 1126 S.E. DIVISION ST. SUITE 180

City: PORTLAND ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. <u>MARK JACOB EKLUND</u> (managing member)	<u>50</u>
2. <u>LENORE ELIZABETH EKLUND</u> (members)	<u>50</u>
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: MARK EKLUND DOB: 11/27/1974

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

Signature: [Handwritten Signature] Owner Date: 8/15/16
(name) (title)

Mark Eklund

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: THE BAKER'S MARK, LLC

DBA OR TRADE NAME: THE BAKER'S MARK PHONE: 818-359-4466 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 1126 S.E. DIVISION ST. SUITE 180, PORTLAND OR 97202

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

CONTACT PERSON: MARK EKLUND PHONE: 818-359-4466 EMAIL: THEBAKERSMARK@GMAIL.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: 500 SQ.

EXISTING BUILDING: Yes No

ZONING: EX (CENTRAL EMPLOYMENT)

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 33 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 16

DESCRIBE SECURITY: N/A

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: 11am CLOSE: 7pm FRIDAY & SATURDAY OPEN: 11am CLOSE: 7pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 7pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: JIMMY'S TIRE SHOP

NAME & ADDRESS OF PROPERTY OWNER: MICHAEL TEVIS, 530 OAK GROVE AVE, SUITE 201, MENLO PARK CA, 94025

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): _____ 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.

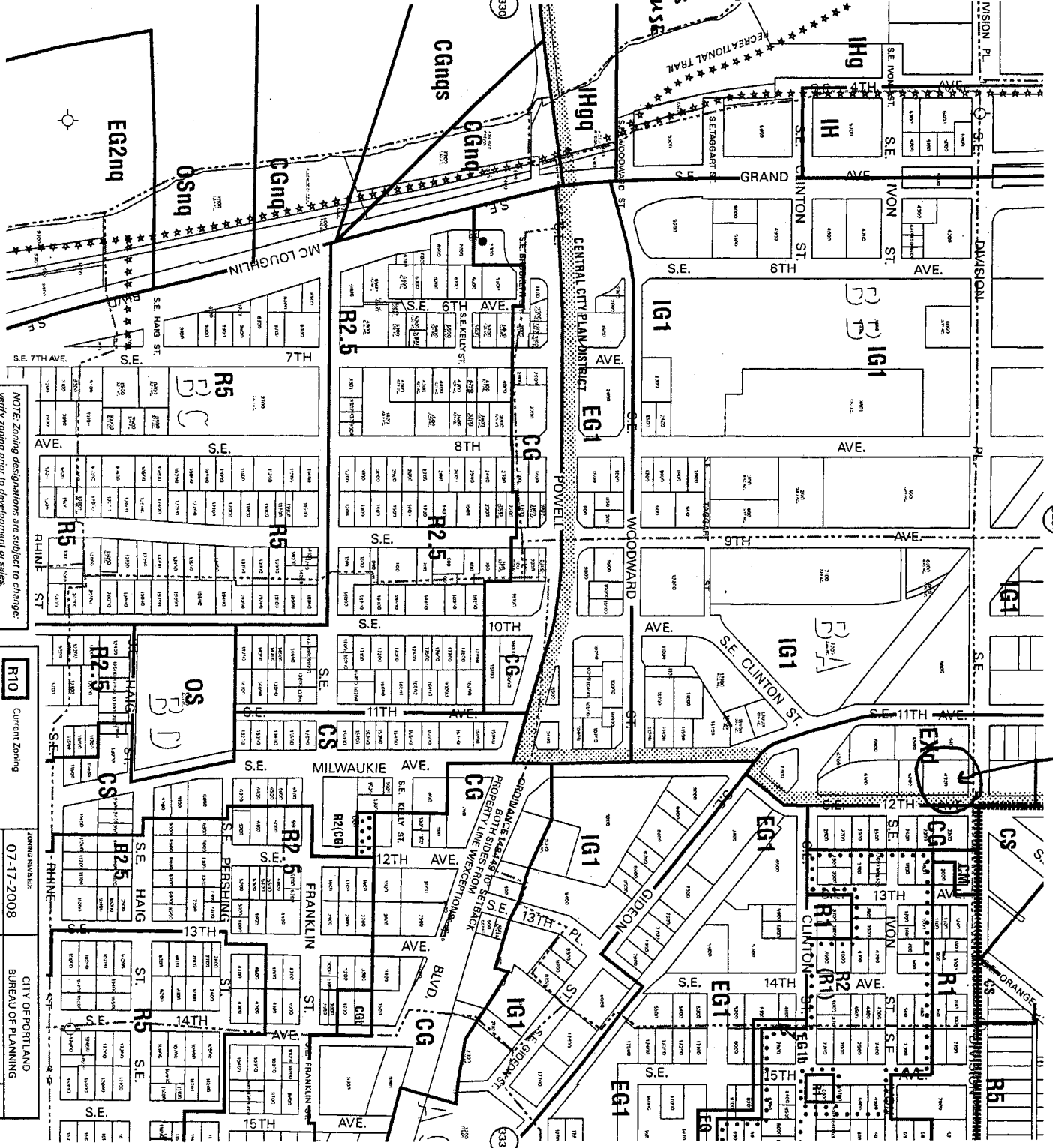
Use this area to provide any additional information that you wish to be considered on this liquor application

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

SIGNATURE:  DATE: 8/16/16

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

EV ZONE.
 RETAIL SALES
 AND SERVICE USE
 IS ALLOWED.
 G. TYMAN
 8-5-14



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

Plan District Boundary
 Historic or Conservation District or NLR/M.P. Boundary
 Zoning Line

● HISTORIC LANDMARK
 (3431)

R10	Current Zoning	07-17-2008	CITY OF PORTLAND BUREAU OF PLANNING
●●●●●	Maximum Potential	07-2007	
●●●●●	Zoning as per	NW 1/4 SEC.	3331
●●●●●	Comprehensive Plan	11-15-'11	
---	State ID Map Boundary		