



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 _____

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: *[Signature]*

Date: 1-4-17

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 Tripod Project LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Tripod Project

3. Business Location: 2425 SE 35th Place Portland Multnomah OR 97214
(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: 503-887-8755
(phone) (fax)

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

7. If yes to whom: SE Wine Collective Type of License: WY

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? Portland ✓
(name of city or county)

11. Contact person for this application: Judy Parker (no solicitations please) 503-862-8583
(name) (phone number(s))
PO Box 6555, Portland OR 97228 judy@winemakerslawyer.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 11/23/16 ③ _____

② _____ Date _____ ④ _____

RECEIVED

DEC 28 2016



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Tripod Project LLC Phone: 503-887-8755

Trade Name (dba): Tripod Project

Business Location Address: 2425 SE 35th Place

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

| | | | |
|-----------|----------|----|----------|
| Sunday | <u>8</u> | to | <u>5</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 | <u> </u> | to | <u> </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> |

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: Harvest

ENTERTAINMENT

Check all that apply: N/A

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

| | | | |
|-----------|------------|----|-------|
| Sunday | <u>N/A</u> | to | _____ |
| Monday | <u> </u> | to | _____ |
| Tuesday | <u> </u> | to | _____ |
| Wednesday | <u> </u> | to | _____ |
| Thursday | <u> </u> | to | _____ |
| Friday | <u> </u> | to | _____ |
| Saturday | <u> </u> | to | _____ |

SEATING COUNT

Restaurant: _____ Outdoor: N/A

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: 11/23/14

1-800-452-OLCC (6522)
www.oregon.gov/olcc



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1065736-94

Please Print or Type

LLC Name: Tripod Project, LLC Year Filed: ~~2015~~ 2014

Trade Name (dba): Tripod Project

Business Location Address: 2425 SE 35th Place

City: Portland ZIP Code: 97214

List Members of LLC:

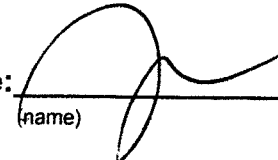
Percentage of Membership Interest:

| | |
|---------------------------------------|------|
| 1. Thomas Monroe (managing member) | 16.7 |
| 2. Kate Morris (members) | 16.7 |
| 3. Olga Tuttle | 16.7 |
| 4. Jonathan Tuttle | 16.6 |
| 5. Maryna Skiles | 16.7 |
| 6. Jesse Skiles | 16.6 |

(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: Olga Tuttle DOB: 01/07/1966

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

Signature:  (name) member (title) Date: 11/23/16

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: Tripod Project LLC

DBA OR TRADE NAME: Tripod Project PHONE: _____ FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 2425 SE 35th Place, Portland OR 97214

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

CONTACT PERSON: Judy Parker PHONE: 503-862-8583 EMAIL: judy@winemakerslawyer.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Other: <u>Wholesale winery</u> |

SIZE OF SERVICE AREA: N/A

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: locked doors, locked windows

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: N/A CLOSE: N/A FRIDAY & SATURDAY OPEN: N/A CLOSE: N/A

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: presently SEWC, LLC (still)

NAME & ADDRESS OF PROPERTY OWNER: Tom Marroe

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: 1/25/17



Scale: 1" = 234'

BES Unit ID

Property Search

Owner Name: DRY RENTAL PROPERTIES LLC
 Site Address: 3519-3531 SE DIVISION ST
 State ID: 1S1E01DC 10000
 Account #: R23-4265

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

Owner: DRY RENTAL PR...
 Site Address: 3519-3531 SE D...
 State: 1S1E01

Search Legend Add Data Selection



Taxlot Details

Lot Size: 10000 sqft
 Building Size: 10000 sqft
 Map Number: 3234

Legal Description: PARK VIEW ANN, E 100' OF LOT 7
 Lot & Block: 7

Mailing Information:

DRY RENTAL PROPERTIES LLC
 26828 MAPLE VALLEY HWY #299
 MAPLE VALLEY, WA 98038

Zoning Code(s): CSm

Historic District:

Conservation District:

Jurisdiction: Portland

1/4 Section Map

Tax Map

Zon

Plan District:

SubDistrict:

SubArea:

NRMP:

LLR Case His
 PR 12-1410

Draw LLR

Scale 1 inch = 234 feet

Bureau of Development Services
 1900 SW 4th Ave., Suite 5000
 Portland, OR 97201

See with 2/22/17