



**OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION**

DM

Application is being made for:

<p>LICENSE TYPES</p> <p><input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr)</p> <p><input checked="" type="checkbox"/> Commercial Establishment</p> <p><input type="checkbox"/> Caterer</p> <p><input type="checkbox"/> Passenger Carrier</p> <p><input type="checkbox"/> Other Public Location</p> <p><input type="checkbox"/> Private Club</p> <p><input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr)</p> <p><input type="checkbox"/> Off-Premises Sales (\$100/yr)</p> <p style="padding-left: 20px;"><input type="checkbox"/> with Fuel Pumps</p> <p><input type="checkbox"/> Brewery Public House (\$252.60)</p> <p><input type="checkbox"/> Winery (\$250/yr)</p> <p><input type="checkbox"/> Other: _____</p>	<p>ACTIONS</p> <p><input type="checkbox"/> Change Ownership</p> <p><input checked="" type="checkbox"/> New Outlet</p> <p><input type="checkbox"/> Greater Privilege</p> <p><input type="checkbox"/> Additional Privilege</p> <p><input type="checkbox"/> Other _____</p>
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Rec'd by Portland Liquor Licenses
FEB 27 2017
PD \$100 ck
109

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: 2-13-17

90-day authority: Yes No

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

① RESURRECTION ENTERTAINMENT ③ STEVEN COOK

② ERIC ERICSON ④ _____
2. Trade Name (dba): CHAPEL HILL
3. Business Location: 4334 SE RAWTHORNE BLVD PORTLAND MULTNOMAH OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)
4. Business Mailing Address: 5825 N FISKE AVE PORTLAND OR 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)
5. Business Numbers: 503-819-7219 _____
(phone) (fax)
6. Is the business at this location currently licensed by OLCC? Yes No
7. If yes to whom: N/A Type of License: _____
8. Former Business Name: N/A
9. Will you have a manager? Yes No Name: STEVEN COOK
(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: STEVEN COOK 503-819-7219
(name) (phone number(s))
5825 N FISKE AVE 97203 clarityprocess@yahoo.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 2/6/17 ③ *[Signature]* Date 2/6/17

② *[Signature]* Date 2/6/17 ④ _____ Date _____

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

RECEIVED
FEB 27 2017
Initials: *[Signature]*
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: RESURRECTION ENTERTAINMENT LLC Phone: 503-819-7219

Trade Name (dba): CHAPEL HILL

Business Location Address: 4334 SE HAWTHORNE BLVD

City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>8 AM</u> to <u>2 AM</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>7 PM</u> to <u>10 PM</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: 12 PM to 10 PM
- Alcohol service Hours: 12 PM to 10 PM
- Enclosed, how GATE

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)
UPSTAIRS TENENTS MAY HAVE ACCESS. PROBLEM?

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input 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 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	<u>4 PM</u> to <u>2 AM</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>

PROBABLY NOT ALL DAYS RARELY ALL HOURS

SEATING COUNT

Restaurant: 92 Outdoor: 26

Lounge: _____ Other (explain): CAFE 44

Banquet: _____ Total Seating: 162

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: 2/2/17



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type RESURRECTION ENTERTAINMENT LLC

LLC Name: PAINTED SAINTS LLC Year Filed: 2017

Trade Name (dba): PAINTED SAINTS

Business Location Address: 4334 SE HAWTHORNE

City: PORTLAND ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. <u>STEVEN COOK</u> (managing member)) PAINTED SAINTS	<u>33.3%</u>
2. <u>CRAIG ERICSON</u> (members)		<u>33.3%</u>
3. <u>STEVE NOBLES</u>		<u>33.3%</u>
4. <u>RESURRECTION ENTERTAINMENT</u>		
5. <u>STEVEN COOK</u>		<u>51%</u>
6. <u>CRAIG ERICSON</u>		<u>49%</u>

(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: STEVEN COOK DOB: 12/15/19

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

Signature: STEVEN COOK CO-OWNER Date: 2/28/17
(name) (title)

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: RESURRECTION ENTERTAINMENT LLC & PAINTED SAINTS LLC

DBA OR TRADE NAME: CHAPEL HILL PHONE: 503-819-7219 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 4334 SE HAWTHORNE PORTLAND 97214

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

CONTACT PERSON: STEVEN COOK PHONE: 503-819-7219 EMAIL: _____

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: _____

SIZE OF SERVICE AREA: 3748

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 100 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 40

DESCRIBE SECURITY: ENCLOSED PATIO, DPSST STAFF, OLCC STAFF

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: 8 AM CLOSE: 2 AM FRIDAY & SATURDAY OPEN: 8 AM CLOSE: 2 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 PM HOW LATE WILL THERE BE ENTERTAINMENT? 2 AM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: THE TRUMAN LLC 0425 SW FOWA ST. PORTLAND 97239

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
PAINTED SAINTS WILL BE A DAYTIME CAFE (8AM-5PM) & CHAPEL HILL WILL BE A RESTAURANT & BAR (3PM-2AM). PAINTED SAINTS MAY HOST PRIVATE EVENTS AS WELL. FAMILY FRIENDLY & COMMUNITY ORIENTED
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature] DATE: 2/28/17

4334 SE Hawthorne Avenue is zoned Commercial Storefront "CS", which allows retail sales and service uses. Brandon Rogers, City Planner, City of Portland Oregon. 503-823-7300 02/27/17

R2

MapWorks - (Ncgisfile\BDS\MapWorks_ArcMap_Config\WXD\mapworks_jus.mxd)

File Edit View Drawing Help

Scale: 1" = 222' BES Unit ID

Property Search

Owner Name: THE TRUMAN LLC
 Site Address: SE HAWTHORNE BLVD
 State ID: 152E06CB 9600
 Account #: R.176592

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: PACIFIC OUTDO... 1515 SE 44TH AVE 152E06
 THE TRUMAN LLC SE HAWTHORNE... 152E06

X SITE

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

Map Interface: SE MADISON ST, SE HAWTHORNE BLVD, SE 41ST AVE, SE 42ND AVE, SE 43RD AVE, SE 44TH AVE, SE 45TH AVE, SE 46TH AVE, SE 47TH AVE. Zoning: CS, R2, R2.5, R5, R5(R2.5).

Taxlot Details

Lot Size:	9700 sqft	Building Size:	27502 sqft	Map Number:	3135	Zoning Code(s):	CS
Legal Description:	HAWTHORNE AVE ADD, BLOCK 4, LOT 1-4 EXC PT JIN ST, LAND & IMPS SEE R.176591 (R.366-400-401)			Lot & Block:	1-4	Historic District:	
Mailing Information:	THE TRUMAN LLC 0425 SW IOWA ST PORTLAND, OR 97239-3625			Conservation District:	4	Jurisdiction:	Portland

Plan District: LUR Case History: (1 Case)
 EA 15-230749 APPT

Scale 1 inch = 222 feet

3:36 PM 2/27/2017