



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 _____

*L 239112
P 24260*

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: *3-7-17*

90-day authority *Rec'd by Portland*
Liquor Licenses

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

① *Lees Golden Dragon LLC* ③ _____
② _____ ④ _____
MAR 14 2017
PD \$75 OK
1027

2. Trade Name (dba): *LB market*

3. Business Location: *3629 SE Division St Portland, Multnomah, OR 97202*
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: *same as above*
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: *503-236-8860*
(phone) (fax)

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

7. If yes to whom: *Tabor TOO LLC* Type of License: *OFF*

8. Former Business Name: *LB market*

9. Will you have a manager? Yes No Name: *Gan S. Lee*
(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: *Michelle Lee* *(503) 422-6663*
(name) (phone number(s))

13720 SW Bonnie Brae St - Beaverton OR 97005 michelleboualee@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 *Michelle Lee* Date *2-27-17* ③ _____

② _____ Date _____ ④ _____

RECEIVED

Date *FEB 27 2017*

Initials: *[Signature]*
Oregon Liquor Control Commission (REV. 06/2014)



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Lees Golden Dragon LLC

Applicant Name: ~~MICHELLE B. LEE~~ Phone: 503-422-6663

Trade Name (dba): ~~Golden Market~~ L B Market

Business Location Address: 3629 SE Division St

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10am to 10pm
Monday 10am to 11:30pm
Tuesday 10am to 11:30pm
Wednesday 10am to 11:30pm
Thursday 10am to 11:30pm
Friday 10am to 12:30am
Saturday 10am to 12:30am

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:

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

SEATING COUNT

Restaurant: _____ 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: Michelle Lee Date: 2-27-17

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



874314-91

Please Print or Type

LLC Name: Lees Golden Dragon LLC Year Filed: 2012 ✓
~~2012~~

Trade Name (dba): ~~Clayton Market~~ LB Market

Business Location Address: ~~8400 SE Clinton St~~ 3629 SE Division St.

City: Portland OR ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|-------------|
| 1. <u>Michelle Lee</u>
(managing member) | <u>100%</u> |
| 2. _____
(members) | _____ |
| 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: Michelle Lee DOB: 6-15-1966

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

Signature: Michelle Lee B Date: 2-27-17
(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: Lees Golden Dragon LLC
DBA OR TRADE NAME: LB Market PHONE: 503-236-8860 FAX: _____
BUSINESS ADDRESS (Including ZIP Code): 3629 SE Division St Portland, OR 97202
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): change of owner
CONTACT PERSON: Michelle Lee PHONE: 503-422-6663 EMAIL: michelleboualee@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: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: _____

DESCRIBE SECURITY: Alarm

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: 10:00 am CLOSE: 11:30 pm FRIDAY & SATURDAY OPEN: 10:00 am CLOSE: 12:30 am

HOW LATE WILL THERE BE OUTSIDE SEATING? none HOW LATE WILL THERE BE ENTERTAINMENT? none

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: LB Market
NAME & ADDRESS OF PROPERTY OWNER: Jung Lee 14801 NE 11th St Vancouver, WA 98684

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: Michelle Lee DATE: 3-17-17

File Edit View Drawing Help

BES Unit ID

Scale: 1" = 247

Property Search

Owner Name: LEE, JUNG O-1/2 LEE, JUNG O TR-1/2

Site Address: 3609-3629 SE DIVISION ST

State ID: 1S1E01DC 9300

Account #: 281895

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: LEE, JUNG O-1/2... 3609-3629 SE D... 1S1E01

Site Address: State



Taxlot Details

Lot Size: 15880 sqft Building Size: 10200 sqft Map Number: 3234 Zoning Code(s): Csm

Legal Description: SW/AN ADD, BLOCK 3, LOT 18,118,12 Lot & Block: 18,118,12 3 Historic District: Conservation District: SubArea: NRMP: SubArea: Draw LRRs LRR Search

Making Information: LEE, JUNG O-1/2 LEE, JUNG O TR-1/2 (KEEH 14801 NE 11TH ST WANCOURER, WA 98684) Jurisdiction: Portland

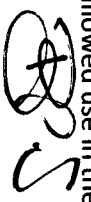
Plan District: 1/4 Section Map Tax Map Zoning Map

LUR Case History: (1 Case) PC 4331

Scale 1 inch = 247 feet

Retail Sales and Service is an allowed use in the Csm zone. Business is open less than 15 hours per day.

Breah Pike-Salas, City Planner



City of Portland, Oregon (503)823.7389

City of Portland
Bureau of Development Services
Land Use Service Division
1900 SW 4th Ave. Suite 5000
Portland, OR 97201

Site