

MAR 10



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

DT

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 q/m

L 239947
P 49519

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: 3-24-17

90-day authority: Rec'd by Board
Liquor Licenses

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

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

① Off Center Ops. Inc ③ _____
② _____ ④ _____

MAR 29 2017

PD \$75 ck
19757

2. Trade Name (dba): Russell St Pub &

3. Business Location: 4244 SE Belmont #2 Portland Mult. OR 97215
(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: TBD - Cell 503-267-0865
(phone) (fax)

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

7. If yes to whom: Hokusei LLC Type of License: F-com

8. Former Business Name: Hokusei

9. Will you have a manager? Yes No Name: Sharon Bantucci - Will hire mng. later
(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: Sharon Bantucci
(name) 503-267-0865
325 NE Russell St Portland 97215 sharon@russellstreetblg.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 3-9-17 ③ _____
② _____ Date _____ ④ _____

RECEIVED

MAR 10 2017



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Off Center Ops. Inc Phone: 503-528-8224

Trade Name (dba): Russell's ~~Hot~~ BBQ

Business Location Address: 4246 SE Belmont Unit 2

City: Portland ZIP Code: 97215

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>9</u>	to	<u>9</u>
Monday	<u>11</u>	to	<u>9</u>
Tuesday	<u>11</u>	to	<u>9</u>
Wednesday	<u>11</u>	to	<u>9</u>
Thursday	<u>11</u>	to	<u>9</u>
Friday	<u>11</u>	to	<u>10</u>
Saturday	<u>9</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:
- 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: 44 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: [Signature] Date: 3-9-17



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

130500-91

Please Print or Type

Corporation Name: Off Center Ops Inc Year Incorporated: 2003
 Trade Name (dba): Russell St BBQ
 Business Location Address: 325 NE Russell St
 City: Portland ZIP Code: 97212

List Corporate Officers:

<u>Sharon Genter Santucci</u> (name)	<u>Director</u> (title)
_____	_____
_____	_____
_____	_____

List Board of Directors:

(name) _____

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>Sharon Genter Santucci</u>	<u>100%</u>	Issued: _____ Unissued: _____ Total Shares Authorized to Issue: _____
_____	_____	
_____	_____	
_____	_____	

Server Education Designee: Sharon Santucci DOB: 11-30-65
 (See Liquor License Application Guide for more information)

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

Officer's Signature: Sharon Santucci (name) Director (title) Date: 3-9-17

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: Off Center Ops. Inc.

DBA OR TRADE NAME: Russell St BBQ PHONE: 503-528-9224 FAX: none

BUSINESS ADDRESS (Including ZIP Code): 325 NE Russell St, Portland OR 97212

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

CONTACT PERSON: Sharon Santucci PHONE: 503-267-0805 EMAIL: sharon@russellstbbq.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: 1000 sq feet

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: 44 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: control security system

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: 9/11 a CLOSE: 9pm FRIDAY & SATURDAY OPEN: 11/9 a CLOSE: 10pm

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Hokus LLC
NAME & ADDRESS OF PROPERTY OWNER: NAT associates, c/o 4246 ~~Dr~~ 901 NE Glisan St 200
Portland OR 97232

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: [Signature] DATE: 3-27-17

Property Search

Owner Name 4246 LLC %TOMASZ M BEER, MAI

Site Address 4244-4246 SE BELMONT ST

State ID 152E068B 12800

Account # R154028

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 4246 LLC %TOM... 4244-4246 SE B... 152E06...

Site Address State

SITE ZONED CS - STOREFRONT COMMERCIAL; RETAIL SALES AND SERVICE ALLOWED BY RIGHT. USE COMPLIES WITH ZONING.

Judy by Street

CITY PLANNER 1

503.823.7919

City of Portland

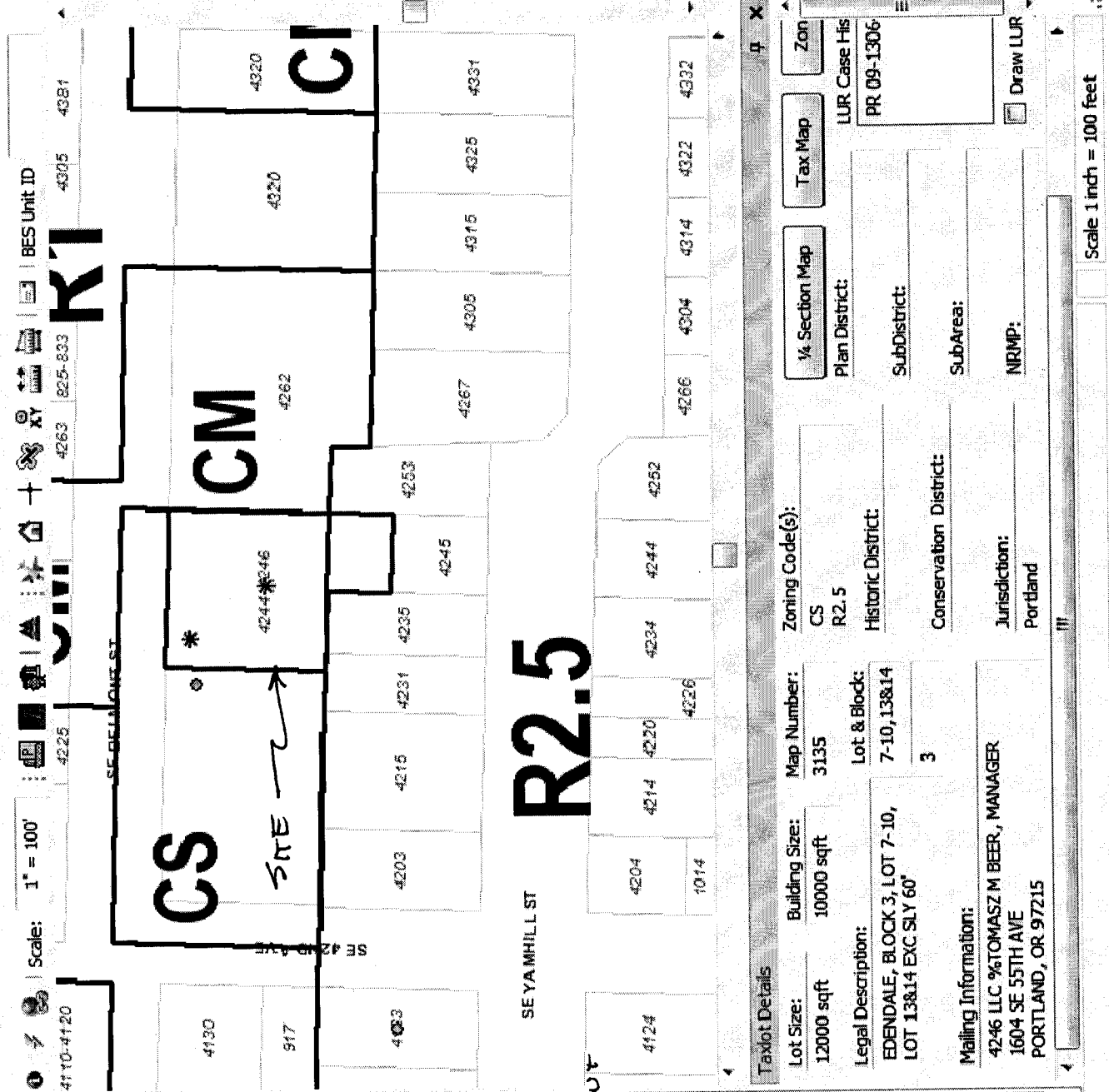
Bureau of Development Services

Land Use Service Division

1900 SW 4th Ave. Suite 5000

Portland, OR 97201

Search Legend Add Data Selection



Taxlot Details

Lot Size:	Building Size:	Map Number:	Zoning Code(s):
12000 sqft	10000 sqft	3135	CS R2.5
Legal Description:	Lot & Block:	Plan District:	LUR Case His
EDENDALE, BLOCK 3, LOT 7-10, LOT 13&14 EXC SLY 60'	7-10, 13&14 3	Historic District:	PR 09-1306
Mailing Information:	Conservation District:	SubArea:	Draw LUR
4246 LLC %TOMASZ M BEER, MANAGER 1604 SE 55TH AVE PORTLAND, OR 97215		NRMP:	

Scale 1 inch = 100 feet