



**OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION**

Rec'd by Portland
Liquor Licenses

(MO)

MAY 11 2017

PD CK \$25
1311

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 (\$252.80)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

*L-240665
P 43674*

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: *5-2-17*

90-day authority: Yes No

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

① Compass Group USA, Inc. - master file

2. Trade Name (dba): Smith Memorial Building

3. Business Location: 1825 SW Broadway Portland Multnomah OR 97201
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2400 Yorkmont Road Charlotte NC 28217
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-221-0140 _____
(phone) (fax)

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

7. If yes to whom: Aramark Educational Services LLC Type of License: F-CAT

8. Former Business Name: Smith Memorial Building

9. Will you have a manager? Yes No Name: Jason Boss
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Portland ✓
(name of city or county)

11. Contact person for this application: Duke Tufty 503-718-2310 (No Solicitations)
(name) (phone number(s))
123 NE Third, Suite 310, Portland, OR 97232 duke@nwalcohollow.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 4/18/17 ③

② _____ Date _____ ④

RECEIVED
Date

APR 26 2017
(rev. 09/2011)

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

Initials: *(Signature)*
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Compass Group USA, Inc. Phone: 503-221-0140

Trade Name (dba): Smith Memorial Building

Business Location Address: 610 SW Broadway

City: Portland ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours: *Hours are variable and event dependent
Outdoor Area Hours: N/A
Sunday to Saturday hours listed for both business and outdoor areas.

The outdoor area is used for: N/A
Food service, Alcohol service, 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: For catered events only.

- 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

*Days and hours of live music will vary.
Sunday to Saturday hours listed.

SEATING COUNT

Restaurant, Lounge, Banquet, Outdoor, Other (explain), 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: 4/18/17



**OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE**

Please Print or Type

Corporation Name: Compass Group USA, Inc. Year Incorporated: 1994

Trade Name (dba): University Place Hotel & Conference Center

Business Location Address: 310 SW Lincoln Street

City: Portland ZIP Code: 97201

List Corporate Officers:

<u>Adrian Meredith</u> (name)	<u>President & CFO</u> (title)
<u>C. Palmer Brown</u>	<u>EVP</u>
<u>Jennifer Lee McConnell</u>	<u>EVP, GC & Secretary</u>
_____	_____

List Board of Directors:

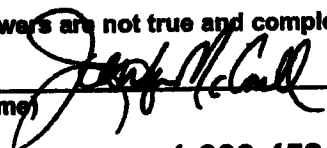
Adrian Meredith & C. Palmer Brown
(name)

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.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	<u>Number of Stock Shares:</u>
<u>Compass Group USA Investments Inc.</u>	<u>81,574</u>	Issued: <u>81,574</u>
_____	_____	Unissued: <u>498,426</u>
_____	_____	Total Shares Authorized to Issue: <u>580,000</u>
_____	_____	

Server Education Designee: Jason Boss **DOB:** 09/22/73
(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:  Ex. VP + Sec Date: 4/18/17
(name) (title)



**OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE**

Please Print or Type

Corporation Name: Compass Group USA Investments Inc. Year Incorporated: 2005

Trade Name (dba): University Place Hotel & Conference Center

Business Location Address: 310 SW Lincoln Street

City: Portland ZIP Code: 97201

List Corporate Officers:

<u>Gary R. Green</u> (name)	<u>President & CEO</u> (title)
<u>C. Palmer Brown</u>	<u>EVP</u>
<u>Jennifer Lee McConnell</u>	<u>EVP, GC & Secretary</u>
<u>Adrian Meredith</u>	<u>CFO</u>

List Board of Directors:

Adrian Meredith & C. Palmer Brown
(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.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	<u>Number of Stock Shares:</u>
<u>Compass Group Holdings PLC</u>	<u>83,919</u>	Issued: <u>83,919</u> Unissued: <u>116,081</u> Total Shares Authorized to Issue: <u>200,000</u>
_____	_____	
_____	_____	
_____	_____	

Server Education Designee: _____ DOB: _____
(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: Ex. VP + Sec Date: 4/18/17
(name) (title)

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Mike Boyer, Office of Neighborhood Involvement, 1221 SW 4th Avenue, Suite #110, Portland OR 97204 - (503) 823-3092

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: Compass Group USA, Inc.

DBA OR TRADE NAME: Smith Memorial Building PHONE: 503-221-0140 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1825 SW Broadway, Portland, OR 97201

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

CONTACT PERSON: Duke Tufty PHONE: 503-718-2310 (No Solicitations) EMAIL: duke@nwalcoholaw.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. ft.

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): N/A

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

DESCRIBE SECURITY: On-site management

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 Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: Variable CLOSE: Variable FRIDAY & SATURDAY OPEN: Variable CLOSE: Variable

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: Smith Memorial Building

NAME & ADDRESS OF PROPERTY OWNER: Portland State University, 1600 SW Fourth Ave., Portland, OR 97201

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

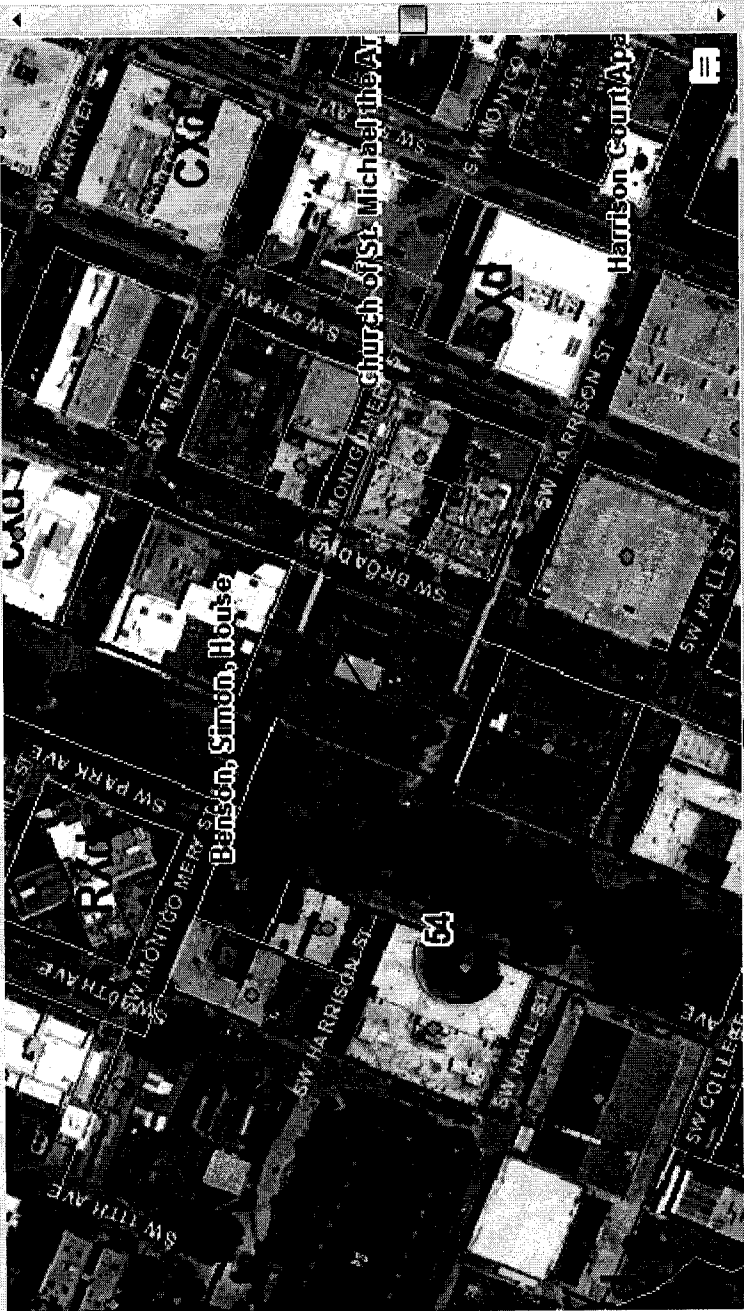
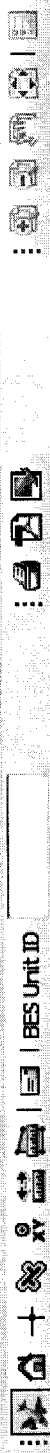
- Dancing Video Poker Live Music Nude Dancers
 Karaoke Video Games/Pinball Recorded Music DJ Entertainment
 Pool Tables (How Many): _____ Events (Describe): _____ Other: _____

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: 4/18/17



Owner Name PORTLAND STATE UNIVERSITY AT
Site Address 1825 SW BROADWAY
State ID 1S1E04DA 6300
Account # R246396

- 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	Site Address	State
COVERT, JENNIFER	1825 SW BROA...	1S1E04
PORTLAND STA...	1825 SW BROA...	1S1E04

*Retail Sale + drive
 by allowac by rsh
 Tyler Mann, City Planner*

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: 40000 sqft
Building Size: 156019 sqft
Map Number: 3228
Lot & Block: 200

Legal Description:
 PORTLAND, BLOCK 200,
 DEFERRED ADDITIONAL TAX
 LIABILITY
Mailing Information:
 PORTLAND STATE UNIVERSITY ATTN ZONE
 MAIN
 PO BOX 751 - FPM

Zoning Code(s): Cxd
Historic District:
Conservation District:
Jurisdiction: Portland

Plan District: CENTRAL CITY
SubDistrict: UNIVERSITY DIST
SubArea:
NDMP:

LUR Case His:
 CU 051-63
 CU 098-79
 CU 145-86
 LU 02-12388
 LU 02-14328

Scale 1 inch = 261 feet

*OX
 Zone*