



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

MDO

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 _____
- Rec'd by Portland
Liquor Licenses

MAY 12 2017

PD CC \$100
017586

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:

Date: 5-5-17

90-day authority: Yes No

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

① ~~Matthew Hensel~~ 45th Parallel Wines LLC

② ~~Shannon Duff~~ ④ _____

2. Trade Name (dba): 45th Parallel Wines

3. Business Location: 8527 N. Lombard St. Portland Multnomah, OR 97203
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8527 N. Lombard St. Portland OR 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 541 513 5067
(phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: James John Cafe

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 / Multnomah
(name of city or county)

11. Contact person for this application: Matt Hensel 541-513-5067
(name) (phone number(s))
9543 N. Kellogg St., Portland OR 97203 matt@ph3consulting.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 Date 4/15/17 ③

② Date 4/15/17 ④

RECEIVED
Date

APR 21 2017
Date



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: 45th Parallel Wines LLC
Matt Houser Phone: 541-513-5067

Trade Name (dba): 45th Parallel Wines

Business Location Address: 8527 N. Lombard St.

City: Portland ZIP Code: 97203

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11 AM</u> to <u>9 PM</u>
Monday	<u>0</u> to <u>0</u>
Tuesday	<u>11 AM</u> to <u>9 PM</u>
Wednesday	<u>11 AM</u> to <u>9 PM</u>
Thursday	<u>11 AM</u> to <u>9 PM</u>
Friday	<u>11 AM</u> to <u>9 PM</u>
Saturday	<u>11 AM</u> to <u>9 PM</u>

Outdoor Area Hours:

Sunday	<u>11 AM</u> to <u>9 PM</u>
Monday	<u>0</u> to <u>0</u>
Tuesday	<u>11 AM</u> to <u>9 PM</u>
Wednesday	<u>11 AM</u> to <u>9 PM</u>
Thursday	<u>11 AM</u> to <u>9 PM</u>
Friday	<u>11 AM</u> to <u>9 PM</u>
Saturday	<u>11 AM</u> to <u>9 PM</u>

The outdoor area is used for: 11 AM

- Food service Hours: 12 PM to 9 pm
- Alcohol service Hours: N/A to N/A
- 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: N/A Outdoor: 4
 Lounge: 15 Other (explain): N/A
 Banquet: N/A Total Seating: 19

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: 4/15/17



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1308585-90

Please Print or Type

LLC Name: 45th Parallel Wines LLC Year Filed: 2017 ✓

Trade Name (dba): 45th Parallel

Business Location Address: 8527 N. Lombard St.

City: Portland ZIP Code: 97203

List Members of LLC:

Percentage of Membership Interest:

1. Matthew Hensel
(managing member)

50%

2. Shannon Duff
(members)

50%

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: Matthew Hensel DOB: 10/20/1981

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

Signature: [Signature] Owner Date: 4/15/17
(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: 45th Parallel Wines, LLC

DBA OR TRADE NAME: 45th Parallel PHONE: 971-266-0886 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 8527 N LOMBARD ST PORTLAND, OR 97203

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

CONTACT PERSON: MATT HENSEL PHONE: 971 266 0886 EMAIL: hello@45THPARALLELWINES.COM

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 400 sq ft

EXISTING BUILDING: Yes No

ZONING: COMMERCIAL

STRUCTURAL CHANGES (DESCRIBE): COSMETIC (PAINT)

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: 25 OUTSIDE SEATING CAPACITY: 8

DESCRIBE SECURITY: Alarms will be installed in May along with cameras

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: 11 am CLOSE: 9 pm FRIDAY & SATURDAY OPEN: 11 am CLOSE: 9 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 8 pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: James John Cafe

NAME & ADDRESS OF PROPERTY OWNER: Hannah Realy 10001 SE SUNNYSIDE RD STE 200 CLACKAMAS, OR 97015

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
The intent for the space is to sell wines/beer/cider by the bottle with some available by the glass.

A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature] DATE: 5/10/17

Property Search

Owner Name: U S CAPITAL TRUST LLC
 Site Address: 8523-8527 N LOMBARD ST
 State ID: JN1W128A 400
 Account #: R232276

Search: [Clear] [PortlandMaps]

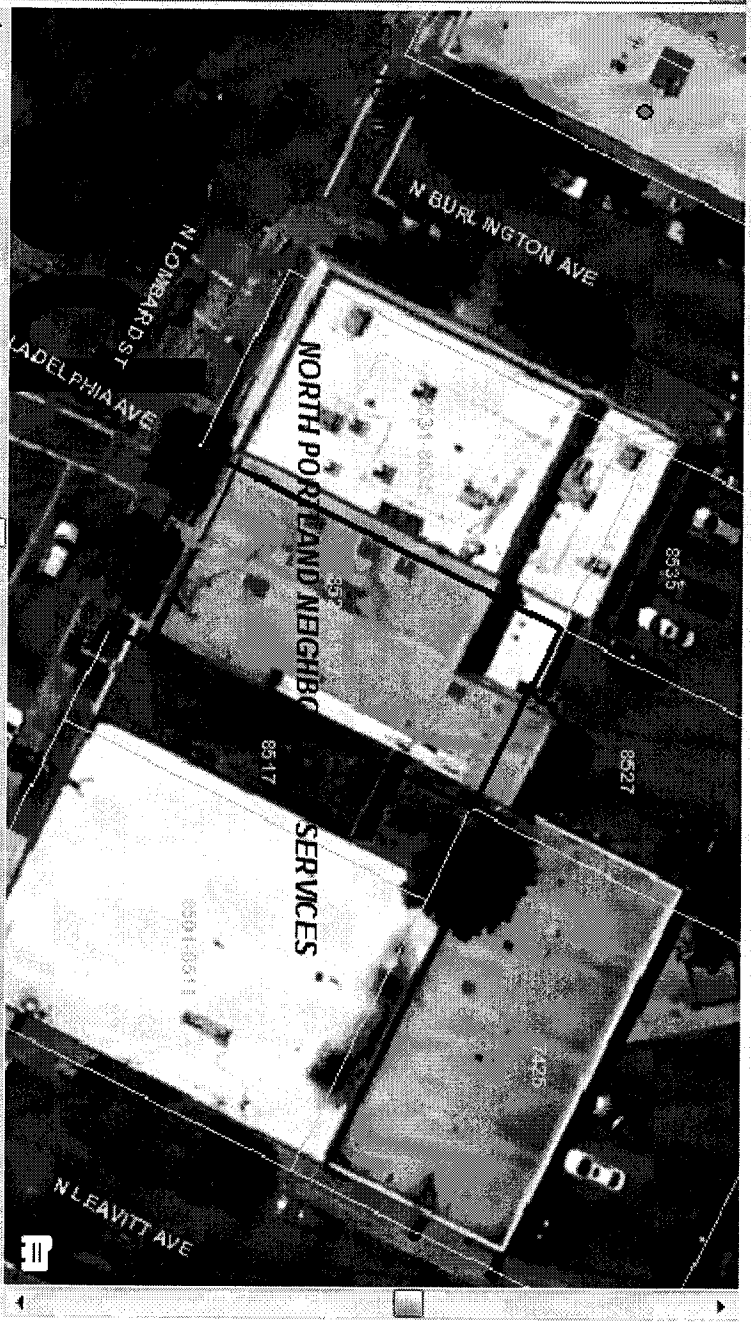
Geocode Address When Taxlot Not Found
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window

Navigate Query Results: [Previous] [Next] [Home] [End]

Owner: U S CAPITAL TR... 8523-8527 N LOM... JN1W1...

Commercial storefront (CS) zone, retail sales and service uses allowed by right per 33.130.100 and Table 130-1.
 Y. Breau - King
 6/12/17

Search Legend [Active] [Inactive] [Selection]



Taxlot Details

Lot Size: 5000 sqft Building Size: 8808 sqft Map Number: 2121 Zoning Code(s): CSd
 Legal Description: P T SMITHS ADD, BLOCK 5, LOT 3 Lot & Block: 3 5
 Historic District: Conservation District:
 Mailing Information: U S CAPITAL TRUST LLC 10001 SE SUNNYSIDE RD #200 CLACKAMAS, OR 97015
 Jurisdiction: Portland
 1/4 Section Map Tax Map Zon
 Plan District: ST. JOHNS LUR Case His
 Subdistrict: VZ 241-63 VZ 395-62
 Subarea: NRMP: Draw LUR