



# 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 C/TN

*KL 239883  
P24455*

### 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: 5-8-17

90-day authority:  Yes  No

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

① WORLD of FLAVORS INC ③ \_\_\_\_\_

② BRIAN FORD ④ \_\_\_\_\_

2. Trade Name (dba): SALVADOR MOLLYS

3. Business Location: 1523 SW SUNSET BLVD PORTLAND OR 97239  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8515 SW CURRY DR #B WILSONVILLE OR 97070  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-293-1790  
(phone) (fax)

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

7. If yes to whom: SALVADOR MOLLYS RGCC Type of License: Full on Premise / off Premise

8. Former Business Name: SALVADOR MOLLYS SUN STOP 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 OR  
(name of city or county)

11. Contact person for this application: BRIAN FORD 503 380-9589  
(name) (phone number(s))  
8515 SW CURRY DR #B WILSONVILLE, OR 97070 thestkhs@hotmail.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: Brian Ford Date 4/24/17 thestkhs@hotmail.com

② \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED MAY 02 2017



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: World of Flavors Inc Phone: 503-380-9589

Trade Name (dba): SALVADOR MOLLYS

Business Location Address: 1523 SW Sunset Blvd

City: Portland, OR 97239 ZIP Code: 97239

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday	<u>11:30 AM</u> to <u>9 PM</u>
Monday	<u>11:30 AM</u> to <u>9 PM</u>
Tuesday	<u>11:30 AM</u> to <u>9 PM</u>
Wednesday	<u>11:30 AM</u> to <u>9 PM</u>
Thursday	<u>11:30 AM</u> to <u>9 PM</u>
Friday	<u>11:30 AM</u> to <u>10 PM</u>
Saturday	<u>11:30 AM</u> to <u>10 PM</u>

### Outdoor Area Hours:

Sunday	<u>11:30 AM</u> to <u>9 PM</u>
Monday	<u>11:30 AM</u> to <u>9 PM</u>
Tuesday	<u>11:30 AM</u> to <u>9 PM</u>
Wednesday	<u>11:30 AM</u> to <u>9 PM</u>
Thursday	<u>11:30 AM</u> to <u>9 PM</u>
Friday	<u>11:30 AM</u> to <u>10 PM</u>
Saturday	<u>11:30 AM</u> to <u>10 PM</u>

The outdoor area is used for:

- Food service Hours: 11:30 to 10
- Alcohol service Hours: 11:30 to 10
- 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Live Music                | <input type="checkbox"/> Karaoke                |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games    |
| <input 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	_____ to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

## SEATING COUNT

Restaurant: 52 Outdoor: 30  
 Lounge: 42 Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 124

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: Gein [Signature] Date: 4/30/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

1316593-93

Please Print or Type

Corporation Name: World of Flavors Inc Year Incorporated: 2017

Trade Name (dba): SALVADOR Molly's

Business Location Address: 1523 SW Sunset Blvd

City: Portland OR ZIP Code: 97239

List Corporate Officers:

BRIAN FORD (name) PRESIDENT (title)

List Board of Directors:

Brian Ford (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:
_____	_____	Issued: _____
_____	_____	Unissued: _____
_____	_____	Total Shares Authorized to Issue: _____
_____	_____	

Server Education Designee: Brian Ford DOB: 12/21/59  
(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: Brian Ford (name) \_\_\_\_\_ (title) Date: 4/30/17

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: WORLD OF FLAVORS INC

DBA OR TRADE NAME: SALVADOR MOLLY'S PHONE: 503-380-9589 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 1523 SW Sunset Blvd

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

CONTACT PERSON: Brian Ford PHONE: 503 380 9589 EMAIL: \_\_\_\_\_

**DESCRIPTION OF OUTLET**

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Food Cart             | <input type="checkbox"/> Night Club   |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar   |
| <input type="checkbox"/> Convenience Store     | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: 3000

EXISTING BUILDING:  Yes  No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 124 52 LOUNGE SEATING CAPACITY: 42 OUTSIDE SEATING CAPACITY: 30

DESCRIBE SECURITY: STAFF + OUTSIDE SERVICE

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: 1130 CLOSE: 9 FRIDAY & SATURDAY OPEN: 1130 CLOSE: 10

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 HOW LATE WILL THERE BE ENTERTAINMENT? NA

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: SALVADOR MOLLY'S RSLCC

NAME & ADDRESS OF PROPERTY OWNER: IR ZUKIN CORP PO Box 1810 Los Gatos CA 95031

**ENTERTAINMENT**

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Dancing                       | <input type="checkbox"/> Video Poker              | <input type="checkbox"/> Live Music                | <input type="checkbox"/> Nude Dancers     |
| <input type="checkbox"/> Karaoke                       | <input type="checkbox"/> Video Games/Pinball      | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: Brian Ford DATE: 5/22/17

