



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

pending

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 _____

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: 5-16-17

90-day authority: Yes No

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

- ① Pearl District Lodging Associates, LLC ③ _____
- ② _____ ④ _____

2. Trade Name (dba): Hampton Inn + Suites - Portland Pearl District

3. Business Location: 354 NW 9th Avenue Portland Multnomah OR 97209
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8333 Greenway Blvd. Suite 200 Middleton WI 53562
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (608) 833-4100 (608) 833-1616
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No Rec'd by Portland Liquor Licenses

7. If yes to whom: _____ Type of License: _____ MAY 31 2017

8. Former Business Name: _____ PD 100⁰⁰ JW #464681

9. Will you have a manager? Yes No Name: Frank Morris
(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: Lisa Steinhauer
(name) (phone number(s)) (608) 662-8323

8333 Greenway Blvd, Suite 200 (608) 833-1616 steinhauer@raymondteam.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 5-4-17 ③ _____
- ② _____ Date _____ ④ _____

Initials: *[Signature]* Date _____



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Pearl District Lodging Associates, LLC Phone: (503) 833-4100

Trade Name (dba): Hampton Inn & Suites - Portland Pearl District

Business Location Address: 354 NW 9th Avenue

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>2:00 AM</u>	to	<u>1:00 AM</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

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: 100 Outdoor: _____
 Lounge: _____ Other (explain): hotel breakfast area + lounge
 Banquet: _____ Total Seating: 100

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: _____ Date: 5-4-17

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

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



948858-95

Please Print or Type

LLC Name: Pearl District Lodging Associates, LLC Year Filed: 2013 ✓

Trade Name (dba): Hampton Inn + Suites - Portland Pearl District

Business Location Address: 354 NW 9th Avenue

City: Portland ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

1. CJ Raymond
(managing member)

37.15%

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: Frank Morris DOB: 08-25-1981

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

Signature: _____ Date: 5-4-17
(name) (title)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



248878-95

Please Print or Type

LLC Name: 303/Angel LLC Year Filed: 2004

Trade Name (dba): _____

Business Location Address: 1001 SE Water Avenue, Suite 217

City: Portland ZIP Code: 97214

List Members of LLC:

1. Joseph W. Angel, Trustee of the Joseph W. Angel Trust, UTA February 8, 2007
(managing member)
2. _____
(members)
3. _____
4. _____
5. _____
6. _____

Percentage of Membership Interest:

84.62%

(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: _____ DOB: _____

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

Signature: [Handwritten Signature] Member [Blank] Date: 5/1/07
(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: Pearl District Lodging Associates, LLC

Hampton Inn & Suites -

DBA OR TRADE NAME: Portland Pearl District PHONE: (503) 222-5200 FAX: (503) 222-5201

BUSINESS ADDRESS (Including ZIP Code): 354 NW 9th Ave., Portland, OR 97209

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

CONTACT PERSON: Frank Morris PHONE: (503) 621-2197 EMAIL: morris@raymondteam.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

Food Cart Night Club

Restaurant Sports Bar

Convenience Store Other: Hotel lobby Sweet shop

SIZE OF SERVICE AREA: 40 SF

EXISTING BUILDING: Yes No

ZONING: CX

STRUCTURAL CHANGES (DESCRIBE): Construction of 8-story hotel & parking structure

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

DESCRIBE SECURITY: Sweet shop is supervised by hotel front desk staff

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: 2:00 AM CLOSE: 1:00 AM FRIDAY & SATURDAY OPEN: 2:00 AM CLOSE: 1:00 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 11 pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Storage, Peter's office supply

NAME & ADDRESS OF PROPERTY OWNER: Joe Angel, 1001 SE Water Avenue, Suite 217

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: 5/26/17

