



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

MO

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 9/IN

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: OK

Date: 6-2-17

90-day authority: Yes No

L247174
P 372
Rec'd by Portland
Liquor Licenses
JUN 06 2017
PD: cab
006815

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
 ① SUNG JUN KIM ③ _____
 ② _____ ④ _____
- Trade Name (dba): Sushi One
- Business Location: 6516 DENVER AVE PORTLAND MULTNOMHA OREGON 97217
 (number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 6516 N DENVER AVE PORTLAND OREGON 97217
 (PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: _____ (phone) _____ (fax)
- Is the business at this location currently licensed by OLCC? Yes No
- If yes to whom: JIN PARK Type of License: Limited on-Premises Sales
- Former Business Name: UKIYO E
- Will you have a manager? Yes No Name: _____
 (manager must fill out an Individual History form)
- What is the local governing body where your business is located? MULTNOMHA PORTLAND
 (name of city or county)
- Contact person for this application: SUNG JUN KIM 360 489 7437
 (name) (phone number(s))
6324 SW RADCLIFF ST jun7608@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:

① [Signature] Date 05/19/17 ③ _____ MAY 19 2017

② _____ Date _____ ④ _____ Initials: _____ Date [Signature]



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: SUNGJUN KIM Phone: 360 489 7437

Trade Name (dba): ~~6516 N DENVER AVE~~ ^{SJK} Sushi One

Business Location Address: 6516 N DENVER AVE

City: PORTLAND ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday close to _____
 Monday 11:00 to 9:30
 Tuesday 11:00 to 9:30
 Wednesday 11:00 to 9:30
 Thursday 11:00 to 9:30
 Friday 11:00 to 9:30 ^{SJK 10:00}
 Saturday 12:00 to 10:00

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 Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: 38-49 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: 5/19/17

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: SUSHI ONE

DBA OR TRADE NAME: SUSHI ONE PHONE: 360 489 7437 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 6516 N DENVER AVE PORTLAND, OR 97217 SJK

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

CONTACT PERSON: SUNGJUN KIM PHONE: 360 489 7437 EMAIL: jun7608@hotmail.com

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: 800sqft

EXISTING BUILDING: Yes No

ZONING: CG

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 38-49 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 2-4

DESCRIBE SECURITY: we have 5 security cameras in and outside of building.

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: 11:30 AM CLOSE: 9:30 PM FRIDAY & SATURDAY OPEN: 11:30 AM CLOSE: 10:00 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? 10:30 pm HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: UKIYO E

NAME & ADDRESS OF PROPERTY OWNER: JIN PARK 972 53rd st Washougal, wa 98671

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 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: _____ DATE: 6/6/17

Property Search

Owner Name: PARK, JIN & PARK, JIN S L K
 Site Address: 6500 5516 N DENVER AVE
 State ID: INIE56AD 12200
 Account #: R305931

Search: Clear Parshadows

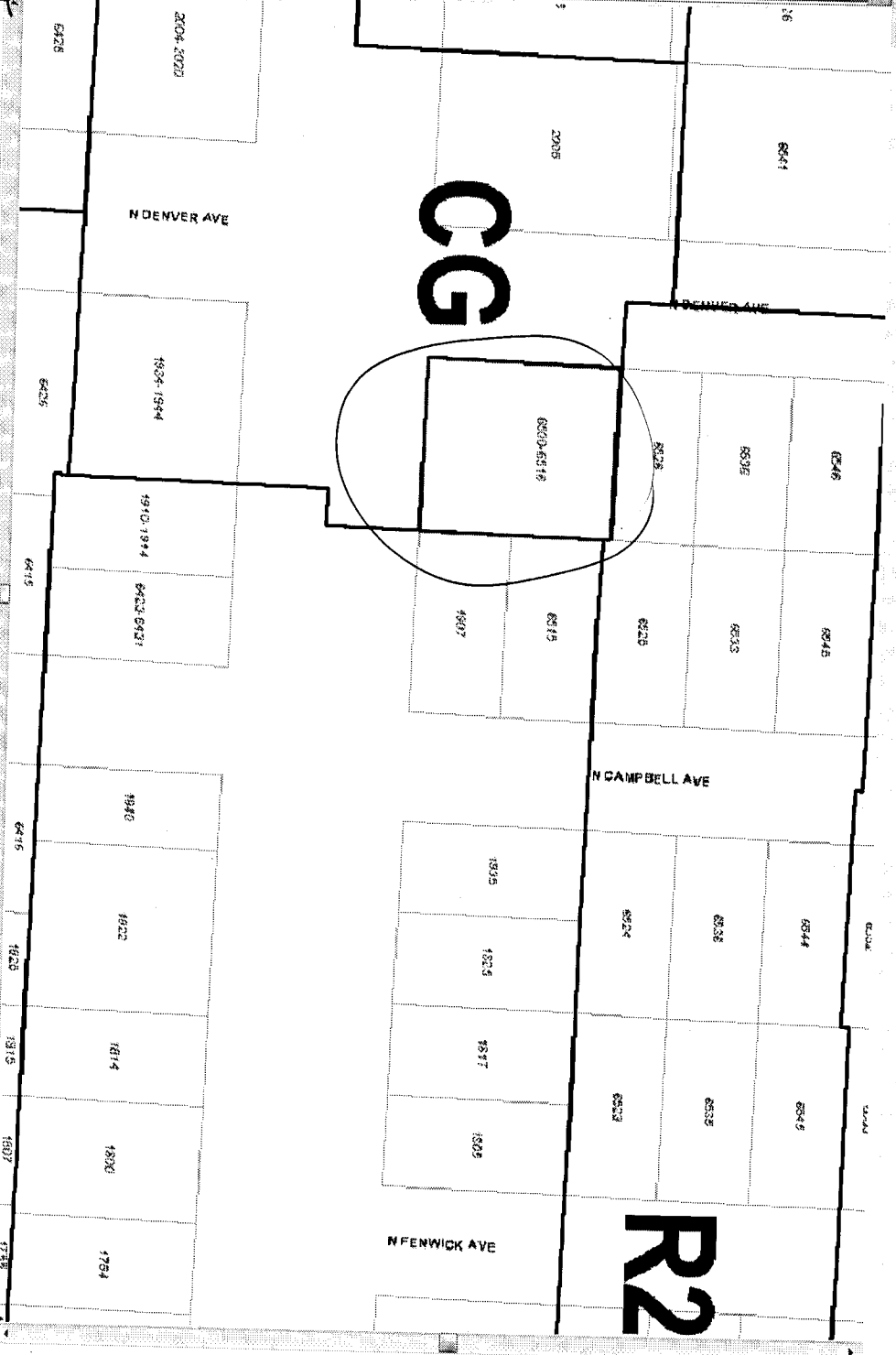
Geocode Address When Taxlot Not Found
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window

Navigate Query Results: [Home] [Left] [Right] [End]

Bureau of Development Services
 Land Use Service Division
 1900 SW 4th Ave, Suite 5000
 Portland, OR 97201

The site is located in the CG, or General Commercial, zone. Restaurants and other retail sales and services uses are allowed outright in the CG zone.

AM
 Amanda Rhoads, City Planner
 503-843-7837



Parcel Details

Lot Size: 9450 sqft Building Size: 4900 sqft Map Number: 2328

Legal Description: WITH BURTON, BLOCK 5, LOT 12, LOT 13 EXC PT IN ST, S 5 OF LOT 14 EXC PT IN ST

Map Code(s): CG

Historic District: Conservation District

Jurisdiction: Portland

SubAreas: SubDistrict: LUR Case History:

Draw LURS

LUR Search