



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

DT

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

L237832
P46879

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: 6-6-17

90-day authority: Yes No

Rec'd by Portland
Liquor Licenses

JUN 13 2017

PD 75⁰⁰ JW
#CL013000

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

① ~~RONIKA LATA SUNDAR~~ NRS Supermarket, Inc

② ~~NITYA NAND SUNDAR~~ ④ _____

2. Trade Name (dba): NRS Supermarket

3. Business Location: 8210 SE DIVISION ST PORTLAND OREGON 97266
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8210 SE DIVISION ST PORTLAND OREGON 97266
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503 774 5000
(phone) (fax)

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

7. If yes to whom: The Corbett Company Inc Type of License: OFF

8. Former Business Name: SUPERMARKET

9. Will you have a manager? Yes No Name: RONIKA LATA SUNDAR
(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: RONIKA LATA SUNDAR 5039570581
(name) (phone number(s))

4921 NE 29TH AVE VANCOUVER WASHINGTON 98663 ronikamaharaj@yahoo.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 6/4/17 ③

② [Signature] Date 6/4/17 ④

RECEIVED

APR 13 2017



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: NRS Supermarket, Inc
RONIKA SUNDAR Phone: 503 957 0581

Trade Name (dba): NRS SUPERMARKET

Business Location Address: 8210 SOUTHEAST DIVISION ST

City: PORTLAND ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:	Outdoor Area Hours:	The outdoor area is used for:
Sunday <u>6 am</u> to <u>10 pm</u>	Sunday _____ to _____	<input type="checkbox"/> Food service Hours: _____ to _____
Monday <u>6 am</u> to <u>10 pm</u>	Monday _____ to _____	<input type="checkbox"/> Alcohol service Hours: _____ to _____
Tuesday <u>6 am</u> to <u>10 pm</u>	Tuesday _____ to _____	<input type="checkbox"/> Enclosed, how _____
Wednesday <u>6 am</u> to <u>10 pm</u>	Wednesday _____ to _____	
Thursday <u>6 am</u> to <u>10 pm</u>	Thursday _____ to _____	The exterior area is adequately viewed and/or supervised by Service Permittees.
Friday <u>6 am</u> to <u>10 pm</u>	Friday _____ to _____	_____ (Investigator's Initials)
Saturday <u>6 am</u> to <u>10 pm</u>	Saturday _____ to _____	

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

<input type="checkbox"/> Live Music	<input type="checkbox"/> Karaoke
<input 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: _____ 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: Sundar Date: 04/01/17



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

1336831-96

Please Print or Type

Corporation Name: NRS SUPERMARKET, Inc Year Incorporated: 2017 ✓

Trade Name (dba): NRS SUPERMARKET

Business Location Address: 8210 SOUTHEAST DIVISION ST

City: PORTLAND ZIP Code: 97266

List Corporate Officers:

RONIKA LATA SUNDAR PRESIDENT

(name) NITYA NAND SUNDAR (title) VICE PRESIDENT

List Board of Directors:

(name)

N/A

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:
N/A		Issued: _____ Unissued: _____ Total Shares Authorized to Issue: _____

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: Sundar (name) _____ (title) _____ Date: 04/10/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 08/11)

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: NRS SUPERMARKET
DBA OR TRADE NAME: NRS SUPER SUPERMARKET PHONE: 503 957 0581 FAX: _____
BUSINESS ADDRESS (Including ZIP Code): 8210 SE DIVISION ST PORTLAND, OR, 97244
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): CHANGE OF OWNER
CONTACT PERSON: RONIKA SUNDAR PHONE: 503 957 0581 EMAIL: ronitamaharaj@yahoo.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

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

DESCRIBE SECURITY: _____

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: 6:00 am CLOSE: 10:00 pm FRIDAY & SATURDAY OPEN: 6:00 am CLOSE: 10:00 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? _____ HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: THE CORBETT INC

NAME & ADDRESS OF PROPERTY OWNER: RICHARD CORBETT

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: Ronika Sundar

DATE: 06/11/2017

Property Search
 Owner Name: CORBETT, RICHARD
 Site Address: 8210 SE DIVISION ST
 State: OR
 Account #: R 106328

Search: Clear Portals/Map
 Geocode Address When Text Not Found
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Textot Detail Window

Owner: CORBETT, RICHARD
 Site Address: 8210 SE DIVISION ST
 State: OR

*Retail Sales Service
 is an allowed use
 in the CS zone.
 Hours of operation
 must remain 15
 hours or less a
 day. Otherwise,
 requires compliance
 with implementation
 program of PC 33.219*

*Justin Borak
 City Planner
 (503) 825-4595*



Parcel Details
 Lot Size: 9000 sqft
 Building Size: 1186 sqft
 Map Number: 3339
 Legal Description: ANNABERG, BLOCK 1, LOT 1 TL 4100
 Lot & Block: 1 TL 4100

Mailing Information:
 CORBETT, RICHARD
 8210 SE DIVISION ST
 PORTLAND, OR 97266

Zoning Code(s): CS
Historic District:
Conservation District:

Sub Areas:
 Plan District:
 Subdistrict:
 ULR Case History: (7 Cases)
 ADA 2-84
 PC 7255

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