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OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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~~ Portland
Liquor Licenses

JUN 19 2017

PD \$100
CASH

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: 6-5-17

90-day authority: Yes No

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

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

- ① De Valley lounge
- ② Okwunna Bruno Ebukam
- ③ De Valley Lounge Limited Partnership
- ④ _____

2. Trade Name (dba): De valley lounge

3. Business Location: 14919 SE Stark St, Portland, Multnomah, OR, 97233
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: N/A
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: N/A - Use personal phone - 503-446-0893
(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: _____

9. Will you have a manager? Yes No Name: Okwunna Bruno Ebukam
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Portland
(name of city or county)

11. Contact person for this application: Okwunna Bruno Ebukam 503-446-0893
(name) (phone number(s))
11848 SE Powell BLVD eb-ebukam@yahoo.com
(address) Portland OR 97266 (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 Okwunna Bruno Ebukam Date 3/13/17
- ② George Faux Date 4/2/17

RECEIVED

APR 05 2017



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: De Valley Lounge Limited Partnership
~~Okwuna Bruno Ebukam~~ Phone: 503-446-0893

Trade Name (dba): De Valley Lounge

Business Location Address: 14919 SE Stark St

City: Portland OR, ZIP Code: 97266 97233

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday 10pm to 2:30am
Thursday _____ to _____
Friday 10pm to 2:30am
Saturday 10pm to 2:30am

Outdoor Area Hours: N/A

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for:

- Food service Hours: 11pm to 2am
- Alcohol service Hours: 10pm to 2am
- 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 10pm to 2:30am
Thursday _____ to _____
Friday 10pm to 2:30am
Saturday 10pm to 2:30am

SEATING COUNT

Restaurant: _____ Outdoor: _____
Lounge: 49 Other (explain): _____
Banquet: _____ Total Seating: 49

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: Okwuna Date: 3/14/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
LIMITED PARTNERSHIP QUESTIONNAIRE

1325899-95

Please Print or Type

Partnership Name: De Valley Lounge Limited Partnership Year Filed: 2017 ✓

Trade Name (dba): De Valley Lounge

Business Location Address: 14919 SE Stark St

City: Portland ZIP Code: 97233

List Partners:	Indicate if General Partner or Limited Partner:
1. <u>Okwuna Bruce Ebukam</u>	_____
2. <u>George Faux</u>	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

(Note: If any partner is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire.)

Server Education Designee: _____ DOB: 04/2/17

I understand that if my answers are not true and complete, the OLCC may deny my license application.
Partner Signature: [Signature] (name) CFO (title) Date: 04/2/17

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: De valley lounge limited partnership

DBA OR TRADE NAME: De valley lounge PHONE: 503-446-0893 FAX: n/a

BUSINESS ADDRESS (Including ZIP Code): 14919 SE ~~Pen~~stark St, Portland OR 97233

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

CONTACT PERSON: Okwunna Bruno Ebukam PHONE: 503 446-0893 EMAIL: ob-ebukam@yahoo.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 18603 sqft

EXISTING BUILDING: Yes No

ZONING: CS

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: n/a LOUNGE SEATING CAPACITY: 49 OUTSIDE SEATING CAPACITY: None

DESCRIBE SECURITY: One security guard placed at the door.

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: n/a CLOSE: n/a FRIDAY & SATURDAY OPEN: 10pm CLOSE: 2:30 am

HOW LATE WILL THERE BE OUTSIDE SEATING? n/a HOW LATE WILL THERE BE ENTERTAINMENT? 2:30 am

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Mr. Hookah

NAME & ADDRESS OF PROPERTY OWNER: Ray Abedini

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): Private Parties 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: 6/19/17

Property Search

Owner Name: **ABEDINI, REZA & ABEDINI, ROOHI**
 Street Address: **14919 SE STARK ST**
 State ID: **INJC36CD 5100**
 Account #: **R 1099804**

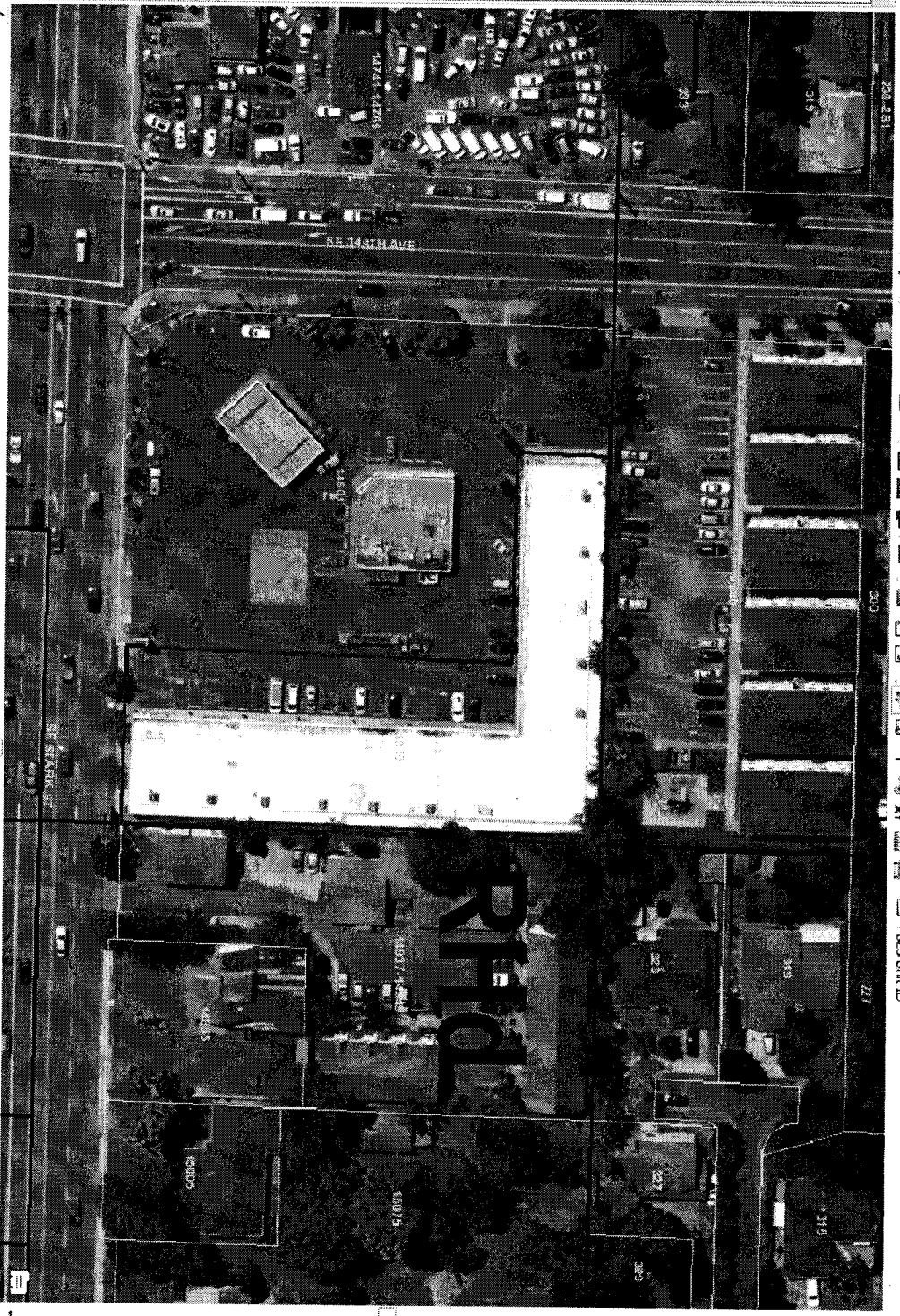
Search:
 Geocode Address When Textbox Not Found
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Textbox Detail Window

Navigate Query Results:
 Owner: **ABEDINI, REZA & ABEDINI, ROOHI** Site Address: **14919 SE STARK ST** State: **IN**

*Commercial
 storefront (CS) zone.
 Retail sales and
 service allowed by
 right per 33,130.100
 and Table 130-1.
 Y. Green-wing
 01/11/17*

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

Search:



Parcel Details

Lot Size: **32647 sqft** Building Size: **18603 sqft** Map Number: **3045**
 Legal Description: **ASCOT AC, LOT 25 18252 TL 5100** Lot & Block: **2518252 TL**

Mailing Information:
ABEDINI, REZA & ABEDINI, ROOHI
9400 SW STONECREEK DR
BEAVERTON, OR 97007-9532

Zoning Code(s): **CS**
 Historic District:
 Conservation District:
 Jurisdiction: **Portland**

% Section Map Tax Map Zoning Map
 Plan District: **EAST CORRIDOR**
 SubDistrict:
 SubArea:
 MRAP:
 LUR Case History: (7 Cases)
 Draw LURs