



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

PR

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 _____

Rec'd by Portland
Liquor Licenses

JUN 20 2017

PD 10000 TRS
10075

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: _____

Date: 6-19-17

90-day authority: Yes No

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

① GRACKLE GROUP INC ③

② ~~ANDRES GONZALEZ DIAZ~~ ④

2. Trade Name (dba): DARUMA SUSHI

3. Business Location: 1640 NE KILLINGSWORTH ST. PORTLAND, OR 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3525 NE 44TH AVE PORTLAND, OR 97213
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-821-9188
(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: ANDRES GONZALEZ DIAZ
(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: ANDRES GONZALEZ DIAZ 503-821-9188
(name) (phone number(s))
3525 NE 44TH AVE PORTLAND OR 97213 blackbirdwine@gmail.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 Andres Diaz Date 6/7/17 ③

② _____ Date _____ ④

RECEIVED

JUN 09 2017

Initials: _____ Date _____



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: GRACKLE GROUP, INC Phone: 503 821-9188
 Trade Name (dba): DARUMA SUSHI
 Business Location Address: 1640 NE KILLINGSWORTH ST
 City: PORTLAND OR ZIP Code: 97215

DAYS AND HOURS OF OPERATION

Business Hours:	Outdoor Area Hours:	The outdoor area is used for:
Sunday <u>11</u> to <u>11</u>	Sunday _____ to _____	<input type="checkbox"/> Food service Hours: _____ to _____
Monday <u>11</u> to <u>11</u>	Monday _____ to _____	<input type="checkbox"/> Alcohol service Hours: _____ to _____
Tuesday <u>11</u> to <u>11</u>	Tuesday _____ to _____	<input type="checkbox"/> Enclosed, how _____
Wednesday <u>11</u> to <u>11</u>	Wednesday _____ to _____	The exterior area is adequately viewed and/or supervised by Service Permittees.
Thursday <u>11</u> to <u>11</u>	Thursday _____ to _____	_____ (Investigator's Initials)
Friday <u>11</u> to <u>11</u>	Friday _____ to _____	
Saturday <u>11</u> to <u>11</u>	Saturday _____ to _____	

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: 35 Outdoor: _____
 Lounge: _____ Other (explain): 5 @ bar
 Banquet: _____ Total Seating: 40

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: 6/7/17



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

414113-98

Please Print or Type

Corporation Name: GRACKLE GROUP INC. Year Incorporated: 2007 ✓

Trade Name (dba): DARUMA SUSHI

Business Location Address: 1040 NE KILLINGSWORTH ST.

City: PORTLAND OR ZIP Code: 97211

List Corporate Officers:

ANDRES GONZALEZ-DIAZ PRESIDENT

(name) RODNEY WOODLEY (title) SECRETARY

List Board of Directors:

ANDRES GONZALEZ-DIAZ

(name) RODNEY WOODLEY

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:
<u>ANDRES GONZALEZ-DIAZ</u>	<u>92</u>	Issued: <u>100</u>
<u>RODNEY WOODLEY</u>	<u>8</u>	Unissued: _____
_____	_____	Total Shares Authorized to Issue: <u>100</u>
_____	_____	

Server Education Designee: ANDRES GONZALEZ-DIAZ DOB: 09/09/1970

(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: [Signature] PRESIDENT Date: 6/9/2017
(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: GRACKLE GROUP, INC.

DBA OR TRADE NAME: DAREUMA SUSHI PHONE: 503-821-9188 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1640 NE KILLINGSWORTH, PORTLAND, OR 97217

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

CONTACT PERSON: ANDRES GONZALEZ-DIAZ PHONE: 503-821-9188 EMAIL: blackbirdwine@prems.gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1400.59

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: 45 LOUNGE SEATING CAPACITY: - OUTSIDE SEATING CAPACITY: -

DESCRIBE SECURITY: alarm

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 CLOSE: 11 FRIDAY & SATURDAY OPEN: 11 CLOSE: 11

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: MARK VUONG - URBAN DEVELOPMENT PARTNERS

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: 6/20/17

Property Search

Owner Name 1616 KILLINGSWORTH LLC % URE

Site Address 1640 NE KILLINGSWORTH ST

State ID IN1E23AB 3300

Account # R294882

Search Clear PortlandMaps

Geocode Address When Taxlot Not Found

Search is Based on Active Field Only

Hide Personal Property Accounts

Display Taxlot Detail Window

Navigate Query Results

Owner Site Address State

1616 KILLINGS... 1640 NE KILLIN... IN1E23

Csh ZONE. RETAIL SALES
AND SERVICE USE IS
ALLOWED.
B. TYNAN, City Planner
503-823-7526
6/21/17

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

Search Legend Add Data Selection

Scale: 1" = 125'



Taxlot Details

Lot Size: 990.1 sqft Building Size: 24500 sqft Map Number: 2532 Zoning Code(s): CSh

Legal Description: VERNON, BLOCK 4, N 8' OF LOT 19 EXC PT IN ST, LOT 20 & 21 EXC PT IN ST, LOT 22 EXC PT IN STS 4

Mailing Information: 1616 KILLINGSWORTH LLC % URBAN DEVELOPME 116 NE 6TH AVE #400

Plan District: Sub District: Sub Area: NRMP:

Historic District: Conservation District: Jurisdiction: Portland

Zoning: Tax Map: LUR Case Hist: EA 15-119677 PR 15-162149

Draw LURS

Scale 1 inch = 125 feet