



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

L240812
P 205

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: DT

Date: 6-12-17

90-day authority: Yes No
Rec'd by Portland Liquor Licenses

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

- ① Larry Olsen STA Corp ③ _____
- ② _____ ④ _____

JUN 27 2017
PD OK \$75
14590

2. Trade Name (dba): HAWAISTOO

3. Business Location: 619 SE 122ND AVE PORTLAND MULT OR 97233
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 291 SW Nancy Cir Gresham OR 97030
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-256-9011
(phone) (fax)

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

7. If yes to whom: Whitney Brothers LLC Type of License: Full on premises

8. Former Business Name: Magic Inn

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

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

11. Contact person for this application: Larry Olsen 503-661-8819
(name) (phone number(s))
291 SW Nancy Cir Gresham, OR 97030 MRDEALER@MSN.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 Larry Olsen Date 4/30/17 ③ _____
- ② _____ Date _____ ④ _____

RECEIVED
Date
JUN 01 2017
Date



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Larry Olsen Sta Corp Phone: 503-661-8819

Trade Name (dba): Hawgs TOO

Business Location Address: 6019 SE 122ND AVE

City: Portland ZIP Code: 97233

DAYS AND HOURS OF OPERATION

Business Hours:	Outdoor Area Hours:	The outdoor area is used for:
Sunday <u>10am</u> to <u>1am</u>	Sunday _____ to _____	<input type="checkbox"/> Food service Hours: _____ to _____
Monday <u>10am</u> to <u>1am</u>	Monday _____ to _____	<input type="checkbox"/> Alcohol service Hours: _____ to _____
Tuesday <u>10am</u> to <u>1am</u>	Tuesday _____ to _____	<input type="checkbox"/> Enclosed, how _____
Wednesday <u>10am</u> to <u>1am</u>	Wednesday _____ to _____	The exterior area is adequately viewed and/or supervised by Service Permittees.
Thursday <u>10am</u> to <u>1am</u>	Thursday _____ to _____	_____ (Investigator's Initials)
Friday <u>10am</u> to <u>2am</u>	Friday _____ to _____	
Saturday <u>10am</u> to <u>2am</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 checked="" type="checkbox"/> Coin-operated Games
<input type="checkbox"/> DJ Music	<input checked="" type="checkbox"/> Video Lottery Machines
<input type="checkbox"/> Dancing	<input type="checkbox"/> Social Gaming
<input type="checkbox"/> Nude Entertainers	<input checked="" 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: 412 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 412

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: Larry Olsen Date: 4/30/17



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

281494-910

Please Print or Type

Corporation Name: STA CORP Year Incorporated: 2005
~~2004~~

Trade Name (dba): HAWGS TOO

Business Location Address: 619 NE 122ND

City: PORTLAND ZIP Code: 97233

List Corporate Officers:

Larry Oisen president
(name) (title)

List Board of Directors:

(name)

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>Larry Oisen</u>	<u>1,000</u>	Issued: _____ Unissued: _____ Total Shares Authorized to Issue: _____
_____	_____	
_____	_____	
_____	_____	

Server Education Designee: Larry Oisen DOB: 8/13/55
(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: Larry Oisen president Date: 4/30/17
(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: MAGICAL INN HAWK'S TOO - STA CORP

DBA OR TRADE NAME: ~~THE~~ PHONE: 503-256-9011 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 619 SE 122 AVE -

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

CONTACT PERSON: LARRY OLSEN PHONE: 503-314-5800 EMAIL: MRJFAZLER@MSU.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 checked="" type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: 1000 SF -

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 50 LOUNGE SEATING CAPACITY: 50 TOTAL OUTSIDE SEATING CAPACITY: 0

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: 10 AM CLOSE: 1 AM FRIDAY & SATURDAY OPEN: 9 AM CLOSE: 2 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 0 HOW LATE WILL THERE BE ENTERTAINMENT? 0

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: MAGIC INN

NAME & ADDRESS OF PROPERTY OWNER: STEVE HOPKINS 620 NE KELLY AVE GRESHAM OR

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Dancing | <input checked="" 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 checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input checked="" type="checkbox"/> Pool Tables (How Many): <u>2</u> | <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: Larry Olsen DATE: 6-20-17