



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*DM*

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: WMBW

### ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other \_\_\_\_\_

### 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: 6-19-17

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 Cabiria Wines LLC ③ \_\_\_\_\_  
② \_\_\_\_\_ ④ \_\_\_\_\_

Rec'd by Portland  
Liquor Licenses

JUN 27 2017

2. Trade Name (dba): Cabiria Wines #536

PD 100<sup>00</sup> JW  
# CL 2809 P

3. Business Location: Portland Wine Storage, 306 SE Ash<sup>1</sup> St. Portland Multnomah OR. 97214  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 5532 SE Lafayette St. Portland OR 97206  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 415-722-7905  
(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: N/A

9. Will you have a manager?  Yes  No Name: \_\_\_\_\_  
(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: LAWRENCE PAWLICKI 415-722-7905  
(name) (phone number(s))  
5532 SE Lafayette St. Portland, OR. 97206 lpawllicki81@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 Lawrence Pawlicki Date 6/7/17 ③ \_\_\_\_\_  
② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_

RECEIVED

Date JUN 09 2017  
Date \_\_\_\_\_

Initials: *[Signature]*  
Oregon Liquor Control Commission (rev. 08/2011)



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Cabiria Wines LLC Phone: 415-722-7905

Trade Name (dba): Cabiria Wines

Business Location Address: 306 SE Ash St #536

City: Portland OR ZIP Code: 97214

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

### 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:

- |  |   |
|--|---|
| <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: Lawrence Paasik Date: 6/7/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1331526-94

Please Print or Type

LLC Name: Cabinia Wines LLC Year Filed: 2017 ✓

Trade Name (dba): Cabinia Wines

Business Location Address: ~~26 Portland Wine Storage~~ 306 SE Ash st. #536

City: Portland OR ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <del>_____</del> (managing member)	_____
2. <u>LAWRENCE PAWLICKI</u> (members)	<u>33.333</u>
3. <u>SERGIO LICEA</u>	<u>33.333</u>
4. <u>JODY PAWLICKI</u>	<u>33.333</u>
5. _____	_____
6. _____	_____

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: ~~\_\_\_\_\_~~ DOB: \_\_\_\_\_

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Signature: Laura T. Pasoli Date: 6/7/17  
(name) (title)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: Cabiria Wines LLC

DBA OR TRADE NAME: Cabiria Wines PHONE: 415-722-7905 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 306 SE Ash St. #536 Portland, OR. 97214

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

CONTACT PERSON: LAWRENCE PAWLICKI PHONE: 415-750-0127 EMAIL: lpawllicki01@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: NO SERVICE AREA

EXISTING BUILDING:  Yes       No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: \_\_\_\_\_ LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: \_\_\_\_\_

DESCRIBE SECURITY: Building Entrance Secured Storage Areas Secured.

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: \_\_\_\_\_ CLOSE: \_\_\_\_\_ FRIDAY & SATURDAY OPEN: \_\_\_\_\_ CLOSE: \_\_\_\_\_

HOW LATE WILL THERE BE OUTSIDE SEATING? NONE      HOW LATE WILL THERE BE ENTERTAINMENT? NONE

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: \_\_\_\_\_

NAME & ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

**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

This is a storage space only. No public interface.

A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Property Search

Owner Name DA CENTRAL WINE WAREHOUSE  
 Site Address 309 SE PINE ST  
 State ID IN1E34DD 2300  
 Account # R166730

Search Clear PortlandMaps

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

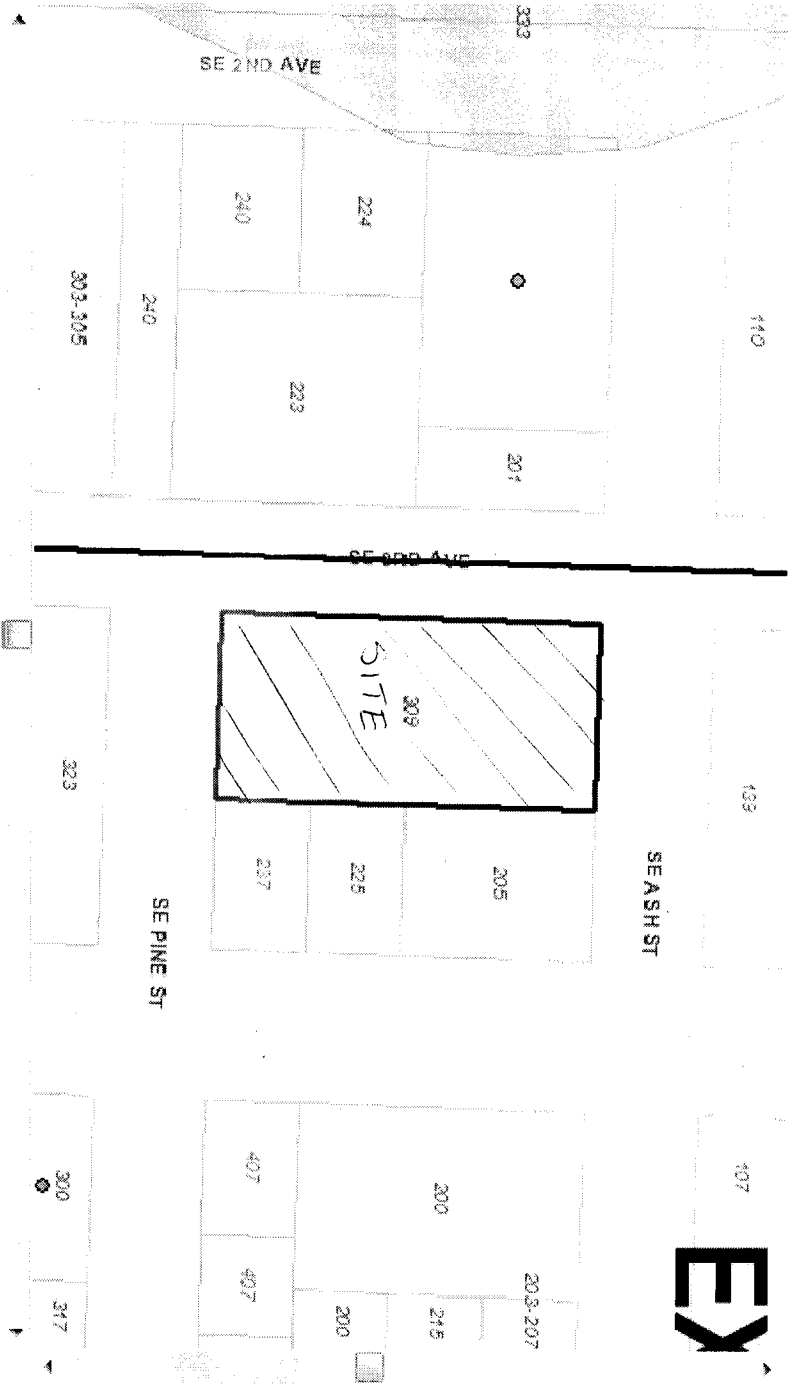
Navigate Query Results

Owner Site Address State  
 DA CENTRAL WINE 309 SE PINE ST IN1E3

*City of Portland  
 Bureau of Development Services  
 Land Use Service Division  
 1800 SW 4th Ave, Suite 5000  
 Portland, OR 97201*

*Wholesales uses are allowed  
 by right in the EX zone,  
 per 33.140.100, Table 140-1.  
 Patrick Burns  
 City Planner 303 833-7348*

Search Legend Add Data Selection



**Taxlot Details**

Lot Size: 20000 sqft Building Size: 24000 sqft Map Number: 3030  
 Legal Description: FRUSHS SQUARE ADD, BLOCK 4, LOT 184, LOT 588 Lot & Block: 4  
 Mailing Information: DA CENTRAL WINE WAREHOUSE LLC 3404 NE 32ND AVE PM871 ANN OR 97212  
 Zoning Code(s): Exd  
 Historic District:  
 Conservation District:  
 Jurisdiction: Portland  
 Plan District: CENTRAL CITY  
 Subdistrict: CENTRAL EASTSIDE  
 SubArea:  
 NRMP:  
 LUR Case History: (3)  
 LU 06-162207  
 LU 07-148223  
 PC 06-135321

1/4 Section Map Tax Map Zoning Map  
 Draw LURs

Scale 1 inch = 100 feet

111B  
 S.R.  
 Wine Storage