



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: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

Rec'd by Portland
Liquor Licenses

JUN 27 2017
PD 100⁰⁰ - TAS
CC 027141

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: 6-21-17

90-day authority: Yes No

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

① Bravo Meals LLC ③ _____

② ~~Timothy Thomas McGill~~ ④ _____

2. Trade Name (dba): Bravo Mountain Bistro

3. Business Location: 960 SE Madison St Portland Multnomah OR 97214
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11840 SE Brookside Dr Portland OR 97266
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-238-5915
(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: _____
(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: Timothy McGill 971-275-5434
(name) (phone number(s))
11840 SE Brookside Dr, Portland, OR 97266 bravomealsllc@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 *[Signature]* Date 6/13/2017 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____

RECEIVED
Date
JUN 13 2017



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bravo Meals LLC
~~Timothy Thomas McGill~~ Phone: 971-275-5434

Trade Name (dba): Bravo Mountain Bistro

Business Location Address: 960 SE Madison St

City: Portland ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>closed</u>	to	<u>closed</u>
Monday	<u>11am</u>	to	<u>10pm</u>
Tuesday	<u>11am</u>	to	<u>10pm</u>
Wednesday	<u>11am</u>	to	<u>10pm</u>
Thursday	<u>11am</u>	to	<u>10pm</u>
Friday	<u>11am</u>	to	<u>10pm</u>
Saturday	<u>11am</u>	to	<u>10pm</u>

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: 40 Outdoor: _____

Lounge: _____ Other (explain): _____

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: 6/13/2017

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1309035-94

Please Print or Type

LLC Name: Bravo Meals LLC Year Filed: 2017 ✓

Trade Name (dba): Bravo Mountain Bistro

Business Location Address: 960 SE Madison St

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Timothy Thomas McGill</u> (managing member)	<u>100%</u>
2. _____ (members)	_____
3. _____	_____
4. _____	_____
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: Timothy McGill DOB: 01/29/2017-1971

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

Signature: [Signature] Date: 6/13/2017
(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: Bravo Meals LLC

DBA OR TRADE NAME: Bravo Mountain Bistro PHONE: 503-238-5915 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 960 SE Madison St, Portland, OR 97214

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

CONTACT PERSON: Timothy Mcgill PHONE: 971-275-5434 EMAIL: bravomealsllc@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: 400 SF

EXISTING BUILDING: Yes No

ZONING: IG1

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 40 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: _____

DESCRIBE SECURITY: Locks on exterior doors, small safe

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: 11am CLOSE: 10pm FRIDAY & SATURDAY OPEN: 11am CLOSE: 10pm

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

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

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

SIGNATURE: [Signature] DATE: 6/26/2017



Property Search

Owner Name 940 SE MADISON LLC
 Site Address 940 SE MADISON ST
 State ID 151E0260 10800
 Account # R176875

Search Clear Portland Maps

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 Site
 940 SE MADISON 940 SE MADISON 151E0

*IG1 Zone.
 Central City, Central East
 Side PD.*

*Retail Sales + Service
 limited to 1 use on site
 and a max of 3,000 SF.
 by right.*

*Tyler Mann City Planner
 503-423-5062*

Taxlot Details

Lot Size:	10000 sqft	Building Size:	7000 sqft	Map Number:	3131	Zoning Code(s):	IG1
Legal Description:	940 SE MADISON LLC HAWTHORNE PK, BLOCK 211, LOT 384	Lot & Block:	211 384	Historic District:	CENTRAL CITY	Conservation District:	CENTRAL EASTSIDE
Mailing Information:	940 SE MADISON LLC 815 SE MORRISON ST # 110 PORTLAND, OR 97214	Jurisdiction:	Portland	NRMP:		Draw LURs:	<input type="checkbox"/>

1/4 Section Map Tax Map Zoning Map

LUR Case History: LUR Search

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