



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

RECEIVED

JUL 07 2017

(Handwritten initials)

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

JUL 21 2017

PD 10002 TMS
CC 311251

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: 7-14-17

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 CITY ROTISSERIE, LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): CITY ROTISSERIE

3. Business Location: 3720 SW BOND AVE. Suite B PORTLAND MULT. OR 97239
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3720 SW BOND AV. #2408 PORTLAND OR 97239
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____
(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: ERIC STROMQVIST 503-227-4560
(name) (phone number(s))
3720 SW BOND AV. #2408 n/a s2nd@comcast.net
(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 7/3/17 ③ _____ Date _____

② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CITY ROTISSERIE, LLC Phone: _____

Trade Name (dba): CITY ROTISSERIE

Business Location Address: 3720 SW BOND AV. Suite B

City: PORTLAND ZIP Code: 97239

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>10 am</u> to <u>9 pm</u>
Monday	<u>11 am</u> to <u>9 pm</u>
Tuesday	<u>11 am</u> to <u>9 pm</u>
Wednesday	<u>11 am</u> to <u>9 pm</u>
Thursday	<u>11 am</u> to <u>9 pm</u>
Friday	<u>11 am</u> to <u>10 pm</u>
Saturday	<u>10 am</u> to <u>10 pm</u>

Outdoor Area Hours:

Sunday	<u>10 am</u> to <u>9 pm</u>
Monday	<u>11 am</u> to <u>9 pm</u>
Tuesday	<u>11 am</u> to <u>9 pm</u>
Wednesday	<u>11 am</u> to <u>9 pm</u>
Thursday	<u>11 am</u> to <u>9 pm</u>
Friday	<u>11 am</u> to <u>10 pm</u>
Saturday	<u>10 am</u> to <u>10 pm</u>

The outdoor area is used for:

- Food service Hours: 10 am to 10 pm
- Alcohol service Hours: 10 am to 10 pm
- Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: OUTDOOR SEATING ONLY DURING GOOD WEATHER

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" 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

N/A

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

SEATING COUNT

Restaurant: 32 Outdoor: 24

Lounge: 23 Other (explain): _____

Banquet: N/A Total Seating: 79

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: 6/29/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



129377891

Please Print or Type

LLC Name: CITY ROTISSERIE, LLC Year Filed: 2017 ✓

Trade Name (dba): CITY ROTISSERIE

Business Location Address: 3720 SW BOND AV. Suite B

City: PORTLAND ZIP Code: 97239

List Members of LLC:

Percentage of Membership Interest:

1. ERIC STROMQVIST (CLASS A)
(managing member)

57%

2. BRIAN LAWSON (CLASS A)
(members)

10%

3. JOHN PFAFF (CLASS A)

10%

4. RICHARD YUVIENCO (CLASS A)

5%

5. _____

6. (CLASS B MEMBERS SEE ATTACHED)

(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: ERIC STROMQVIST DOB: 10/4/56

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

Signature: [Signature] LLC MANAGER Date: 7/3/17
(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: CITY ROTISSERIE, LLC

DBA OR TRADE NAME: CITY ROTISSERIE PHONE: _____ FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 3720 SW BOND AV., SUITE B PORTLAND, OR 97239

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

CONTACT PERSON: ERIC STROMQUIST PHONE: 503-227-4560 EMAIL: s2nd@comcast.net

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: APPROX. 1400 SQ. FT.

EXISTING BUILDING: Yes No

ZONING: COMMERCIAL

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 32 LOUNGE SEATING CAPACITY: 23 OUTSIDE SEATING CAPACITY: 24

DESCRIBE SECURITY: GROUND FLOOR OF SECURE APARTMENT BUILDING / INDEP. SECURE ENTRANCE

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 SUN. 10AM

SUNDAY - THURSDAY OPEN: 11AM CLOSE: 9PM FRIDAY & SATURDAY OPEN: SAT. 10AM CLOSE: 10PM
FRI. 11AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 9PM HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: MUSELET

NAME & ADDRESS OF PROPERTY OWNER: _____

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Dancing | <input 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 type="checkbox"/> Pool Tables (How Many): _____ | <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: _____ DATE: _____

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

Lehman 7.21.17

Retail sales and service is an allowed use in the CX Zone. Laura Lehman, City Planner, 503-823-7391

Property Search
 Owner: NHP 3720 PORTLAND LL
 Site Address: 3720 SW BOND AVE
 State ID: 151E10DB 205
 Account #: R562915

Tax Details
 Lot Size: 30610 sqft 439056 sq
 Building Size: 3430
 Map Number: 3430
 Zoning Code: CXd
 Legal Description: WATERFRONT SOUTH NO 2, LOT 11
 Lot & Block: 11
 Historic District:
 Conservation District:
 Main Information: NHP 3720 PORTLAND LLC % ALTUS GROUP
 Jurisdiction: Portland

Map Information
 Scale: 1" = 185'
 Map: BES Unit ID