



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

AUG 09 2017.

PD 100⁰⁰ JPS
CC 7190100

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: 8-3-17

90-day authority: Yes No

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

- ① Jeremy R. Parker ③ _____
- ② Second Chance Corp ④ _____

2. Trade Name (dba): The Drinkwell

3. Business Location: 8102 NE Killingsworth St. Portland, OR 97218
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: _____
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 405-0672
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? O 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: Jeremy
(name) (503) 405-0672
(phone number(s))
9802 NW Justus Ln Portland, OR 97229 jrmrp94@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 7-17-17 ③ _____
- ② _____ Date _____ ④ _____

RECEIVED

Date JUL 27 2017

Date _____

Initials: [Signature]
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Second Chance Corporation Phone: (503) 405-0672

Trade Name (dba): The Drinkwell

Business Location Address: 8102 NE Killingsworth St. Portland, OR 97218

City: Portland ZIP Code: 97218

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>10AM.</u>	to	<u>10 P.M.</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

Outdoor Area Hours:

Sunday	<u>10AM.</u>	to	<u>10 P.M.</u>
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

The outdoor area is used for:

Food service Hours: 10AM. to 10 P.M.

Alcohol service Hours: 10AM. to 10 P.M.

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 checked="" 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

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	<u>6 P.M.</u>	to	<u>9 P.M.</u>
Saturday	<u>6 P.M.</u>	to	<u>9 P.M.</u>

SEATING COUNT

Restaurant: _____ Outdoor: 40

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: 8-9-17



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: Second Chance Corp. Year Incorporated: 2015
 Trade Name (dba): The Drinkwell
 Business Location Address: 8102 NE Killingsworth St. Portland, OR 97218
 City: Portland ZIP Code: 97218

List Corporate Officers:

<u>Mitchell Raymer</u>	<u>CEO</u>
(name) <u>Jeremy Parker</u>	(title) <u>President</u>
<u>Thomas Neal</u>	<u>Vice President</u>
<u>Blake Neal</u>	<u>Secretary</u>

List Board of Directors:

Miles Lilledahl
 (name) Jake Neal

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:	<div style="border: 1px solid black; padding: 5px;"> <p>Number of Stock Shares:</p> <p>Issued: <u>215</u></p> <p>Unissued: <u>205</u></p> <p>Total Shares Authorized to Issue: <u>420</u></p> </div>
<u>Mitchell Raymer</u>	<u>205</u>	
<u>Talon Ward</u>	<u>10</u>	
_____	_____	

Server Education Designee: Jeremy Parker DOB: 6-30-84
 (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: Jeremy Parker President Date: 8-9-17
 (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: Second Chance Corporation
DBA OR TRADE NAME: The Drinkwell PHONE: (503)405-0672 FAX: _____
BUSINESS ADDRESS (Including ZIP Code): 8102 NE Killingsworth St. Portland, Oregon 97218
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New outlet
CONTACT PERSON: Jeremy Parker PHONE: (503)405-0672 EMAIL: jmrp94@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: 16ft. x 20ft.
EXISTING BUILDING: Yes No
ZONING: I-62h
STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 40
DESCRIBE SECURITY: Security cameras overlooking entire lot; security guard during business hours
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: 10A.M. CLOSE: 10P.M. FRIDAY & SATURDAY OPEN: 10A.M. CLOSE: 10P.M.
HOW LATE WILL THERE BE OUTSIDE SEATING? 10 P.M. HOW LATE WILL THERE BE ENTERTAINMENT? 10P.M.

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: CJ Entertainment LLC
NAME & ADDRESS OF PROPERTY OWNER: TAS Development Group LLC 15635 SE 114th Ave Ste. 201, Clackamas, OR 97015

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: Jeremy Parker

DATE: 8-9-17

