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OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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 _____

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: AK

Date: 7-24-17

90-day authority: Yes No

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

① TWISTED THAI LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): TWISTED THAI

3. Business Location: 12306 SE POWELL BLVD, PORTLAND, MULTNOMAH, OR 97236
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503-875-0947
(phone) (state) (ZIP code)

6. Is the business at this location currently licensed by OLCC? Yes No (Rec'd by Portland Liquor Licenses)

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____ AUG 10 2017

9. Will you have a manager: Yes No Name: _____
(manager must fill out an Individual History form) PD 100° JW
cash

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: CHERYL LOWE 503-875-0947
(name) (phone number(s))
12306 SE POWELL BLVD, PORTLAND, OR 97236 TWISTEDTHAILL@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 Cheryl A. Lowe Date 7/15/17 ③ _____

② _____ Date _____ ④ _____

RECEIVED

Date JUN 12 2017



OREGON LIQUOR CONTROL COMMISSION LIMITED LIABILITY COMPANY QUESTIONNAIRE

1268675-97

Please Print or Type

LLC Name: TWISTED THAI LLC Year Filed: ~~2011~~ 2016

Trade Name (dba): TWISTED THAI

Business Location Address: 12306 SE POWELL BLVD

City: PORTLAND ZIP Code: 97236

List Members of LLC:

Percentage of Membership Interest:

1. <u>CHERYL A LOWE</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: CHERYL A LOWE DOB: 05/16/1971

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

Signature: Cheryl A. Lowe (name) owner/operator (title) Date: 6/15/17



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: TWISTED TRAI LLC Phone: 503-875-0947

Trade Name (dba): TWISTED TRAI

Business Location Address: 12306 SE POWELL BLVD

City: PORTLAND, OR ZIP Code: 97236

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:00 to 12:00 AM
 Monday 11:00 to 2:30
 Tuesday 11:00 to 2:30
 Wednesday 11:00 to 2:30
 Thursday 11:00 to 2:30
 Friday 11:00 to 2:30
 Saturday 11:00 to 2:30

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:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 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: 26 Outdoor: -
 Lounge: - Other (explain): -
 Banquet: - Total Seating: 26

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: Cheryl A. Lane Date: 6/15/2017

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

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: TWISTED THAI LLC

DBA OR TRADE NAME: TWISTED THAI PHONE: 971-717-2600 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 12306 SE POWELL BLVD, PORTLAND, OR 97236

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

CONTACT PERSON: CHERYL LOWE PHONE: 503-875-0947 EMAIL: TWISTEDTHAILLC@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: 700 SQ FT

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 26 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: SECURITY CAMERAS AT ALL POINTS OF ENTRY, KITCHENS, LOTTERY REGISTER, AND

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS? RECORDS 24/7 TO N/A
 Yes No I Don't Know

HOURS OF OPERATION SUNDAY 11:00am - 12:00 midnight
MON - THURSDAY OPEN: 11:00am CLOSE: 2:30 am FRIDAY & SATURDAY OPEN: 11:00am CLOSE: 2:30 am

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: MR DEALERS DOUBLE UP CAFE

NAME & ADDRESS OF PROPERTY OWNER: OREGON RENTAL COLLECTIONS LLC, 7516 SE MILWAUKIE AVE
PORTLAND, OR 97202

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: Cheryl Lowe DATE: 8/8/17

Owner: **Mari FERRANTE/LEONARDO & I**
 Site Address: **12300-12306 SE POWELL**
 State ID: **152E11CB 900**
 Account #: **R334167**

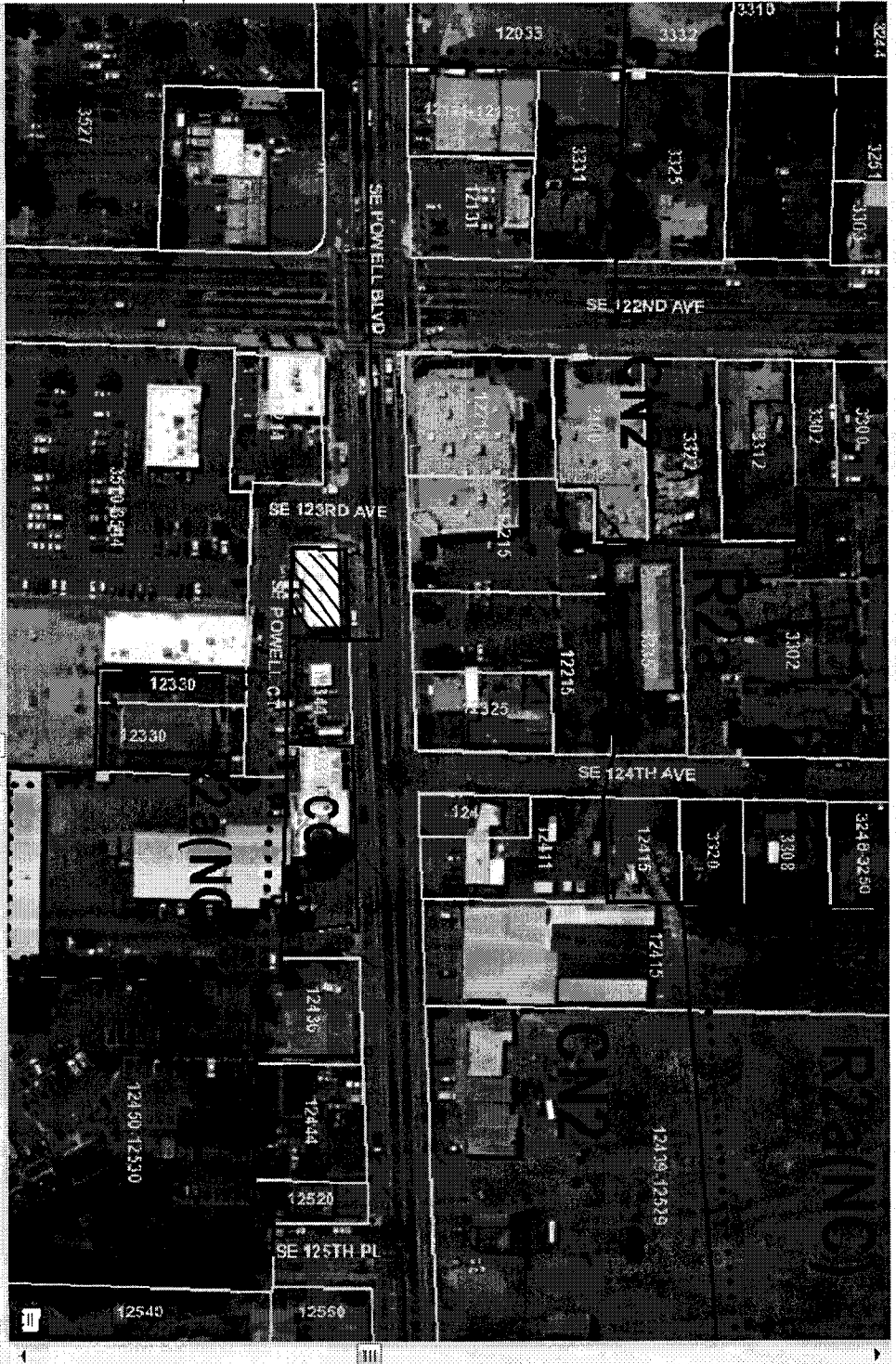
- Search
- Geocode Address When Taxlot Not Found
- Search is Based on Active Field Only
- Hide Personal Property Accounts
- Display Taxlot Detail Window

Owner: **FERRANTE, MARI** Site Address: **12300-12306 SE POWELL** State: **OR**

*CF Zone.
 Retail Sold + Service
 use allows by right*

*Tyler Mann, City Planner
 503-823-5000*

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



Taxlot Details

Lot Size: **4579 sqft** Building Size: **4752 sqft** Map Number: **3343** Zone Code(s): **OG**
 Legal Description: **SECTION 11 15 2E, TL 900** Lot & Block: **TL 900** Historic District:
 900 0.11 ACRES Conservation District:
 Mailing Information: **FERRANTE/LEONARDO & BRENDA TO M** Jurisdiction: **Portland**

1/4 Section Tax Map Zoning Map
 Plan District: **JOHNSON CREEK BAS** LUR Case: **Historic (1 Case)**
 SubDistrict: **MCF-3-81** LUR Case: **Historic (1 Case)**
 SubArea: Draw LURs LUR