



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Pending

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 11 2017
PD 10000-1145
1234

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:

Date: 8-7-17

90-day authority: Yes No

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

① Christopher Payne Kingsland ③ Kitchen LLC
② _____ ④ _____

2. Trade Name (dba): Kingsland Kitchen

3. Business Location: 319 SW Pine Street Ste 301
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 971.300.3118
(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: CHRISTOPHER PAYNE
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Multnomah Portland
(name of city or county)

11. Contact person for this application: Christopher Payne 971.300.3118
(name) (phone number(s))

3125 NW Wilson St, PDV 97210 KINGSLAND KITCHEN @ AOL.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 Date 7-10-17 ③
② _____ Date _____ ④

Date RECEIVED
Date

JUL 18 2017
(rev. 08/2011)



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Kingsland Kitchen LLC Phone: 971-300-3118
Trade Name (dba): Christopher Payne
Kingsland Kitchen
Business Location Address: 319 S. Pine Street Ste 301
City: Portland ZIP Code: 97204

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7am to 7pm
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:

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: _____

N/A

DAYS & HOURS OF LIVE OR DJ MUSIC

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

N/A

SEATING COUNT

Restaurant: 75 Outdoor: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 75

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: 7-10-17



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1082141-98

Please Print or Type

LLC Name: KINGSLAND KITCHEN LLC Year Filed: 2015 ✓

Trade Name (dba): Kingsland Kitchen

Business Location Address: 319 SW Pine Street - Ste 301

City: Portland, OR ZIP Code: 97209

List Members of LLC:

Percentage of Membership Interest:

1. CHRISTOPHER PAYNE
(managing member)

100%

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: CHRISTOPHER PAYNE DOB: 09-09-70

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

Signature: [Signature] Owner Date: 7-10-17
(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: KINGSLAND KITCHEN LLC

DBA OR TRADE NAME: _____ PHONE: 971 300 3118 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 301 SW Pine St, Portland, OR, 97204

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

CONTACT PERSON: CHRISTOPHER PAYNE PHONE: 971-300-3118 EMAIL: BDePayne@Aol.com

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: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 75 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: 24 Hr HOTEL SECURITY

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: 7 AM CLOSE: 6 PM FRIDAY & SATURDAY OPEN: 7 AM CLOSE: 6 PM

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: BLUE COLLAR BAKERY

NAME & ADDRESS OF PROPERTY OWNER: ASHFORD TRS LESSEE LLC, 815 MAIN ST, FORT WORTH, TEXAS, 76102

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 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: 8-9-17

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

Scale: 1" = 128'

Database Search Panel

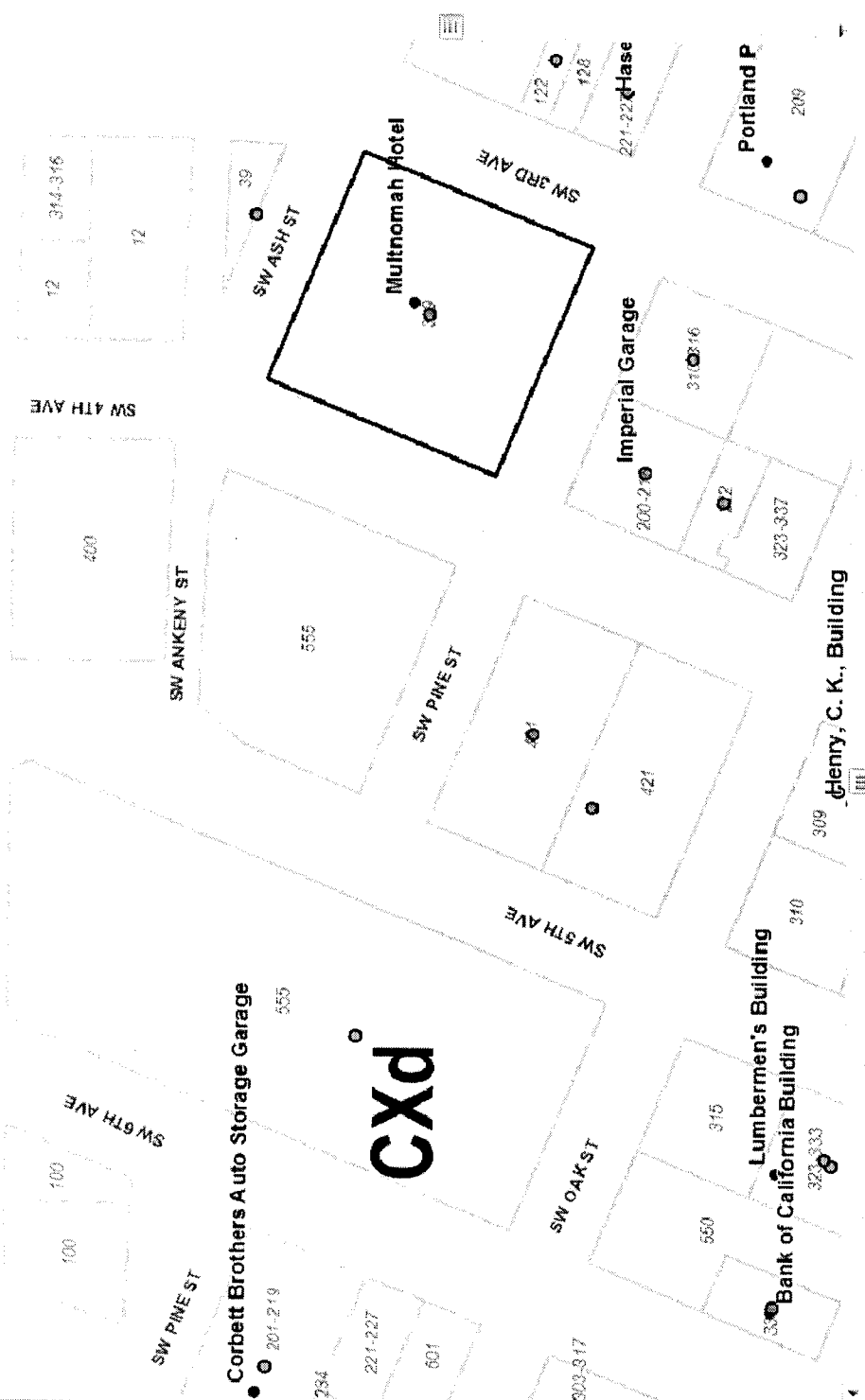
Owner Name: ASHFORD PH PARTNERS L
 Site Address: 319 SW PINE ST
 State ID: 1N1E34CD 2800
 Account #: R246063

Search [Clear] [Portland Maps]

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

Navigate Query Re: [Left Arrow] [Right Arrow]

Owner: ASHFORD PH PARTNERS L
 Site Address: 319 SW PINE ST



Taxlot Details

Lot Size: 40000 sqft
 Building Size: 284187 sq
 Map Number: 3029
 Zoning Code(s): CXD

Legal Description: PORTLAND, BLOCK 44, LOT 1-8
 Lot & Block: 44
 Historic District: PORTLAND
 Conservation District: 44

Mailing Information: ASHFORD PH PARTNERS LP % ASHFORD HOSPITA

Jurisdiction: PORTLAND

Plan District: CENTRAL CITY
 Sub District: DOWNTOWN
 Sub Area: [Dropdown]

NRMP: [Dropdown]

Draw LURs: [LUR]

1/4 Section [Dropdown] Tax Map [Dropdown] Zoning Map [Dropdown]

LUR Case Histo (16 Cases):
 DZ 58-82
 DZ 7-85
 HL 56-88
 HL 57-88

Jane Doe 8-11-17

Retail Sales & Service allowed in CXD zoning & Central City Plan Area - Downtown 5th area