



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

DW

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)
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

SEP 01 2017
PD \$100 CLK
cash

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: 8-18-17

90-day authority: Yes No

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

- Alexis J. Bowlds
Matthew A. Jester
The Velvet Rope LLC

2. Trade Name (dba): The Velvet Rope

3. Business Location: 3533 SE. Cesar E Chavez Blvd. Portland OR 97202

4. Business Mailing Address: 3533 SE. Cesar E. Chavez Blvd. Portland, OR 97202

5. Business Numbers: cell (503) 572 0269 work (971) 271-7064

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: The Velvet Rope LLC

9. Will you have a manager? Yes No Name: Alexis J. Bowlds

10. What is the local governing body where your business is located? Multnomah County Portland

11. Contact person for this application: Alexis J. Bowlds (503) 572 0269
3533 SE. Cesar E Chavez Blvd. jester.alexis@gmail.com

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

Applicant(s) Signature(s) and Date:

Alexis J. Bowlds Date 8/15/17
Matthew A. Jester Date

RECEIVED
AUG 26 2017
Initials Date
Oregon Liquor Control Commission (rev. 08/2017)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type The Velvet Rope LLC
 Applicant Name: ~~Alexis Boulds~~ Phone: (503) 572-0269
 Trade Name (dba): The Velvet Rope
 Business Location Address: 3533 SE Cesar E. Chavez
 City: Portland, OR ZIP Code: 97230

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9pm to 2 Am
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday 9pm to 2 Am
 Friday 9pm to 4 Am
 Saturday 9pm to 4 Am

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 9 to 2 Am
 Saturday 9 to 2 Am

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: 44 Other (explain): Buffett 6
 Banquet: _____ Total Seating: 50

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: Alexis Boulds Date: 8/15/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



870235-95

Please Print or Type

LLC Name: The Velvet Rope LLC Year Filed: ~~2013~~ 2012

Trade Name (dba): The Velvet Rope

Business Location Address: 3533 SE Cesar E Chavez Blvd.

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. <u>Alexis Bowlds</u> (managing member)	<u>50%</u>
2. <u>Matthew Jester</u> (members)	<u>50%</u>
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: Alexis Bowlds DOB: 9/2/1977

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

Signature: Alexis Bowlds Owner Date: 08/18/2017
(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: The Velvet Rope LLC

DBA OR TRADE NAME: The Velvet Rope PHONE: 971 271 7064 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 3533 SE. Cesar E Chavez

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

CONTACT PERSON: Alexis Jester PHONE: 503-572-0264 EMAIL: jester.alexis@gmail

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Private Club

SIZE OF SERVICE AREA: 5,000 sq foot

EXISTING BUILDING: Yes No

ZONING: commercial

STRUCTURAL CHANGES (DESCRIBE): NO

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: 44 OUTSIDE SEATING CAPACITY: None

DESCRIBE SECURITY: check in at front desk, floor monitors 1-2 on each floor

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: Thurs 9pm CLOSE: Sunday 2am FRIDAY & SATURDAY OPEN: 9pm CLOSE: 4am

HOW LATE WILL THERE BE OUTSIDE SEATING? none HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____

NAME & ADDRESS OF PROPERTY OWNER: Angel Shire

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: 6/31/17

