



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

PR

Application is being made for:

<b>LICENSE TYPES</b> <input checked="" type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input checked="" type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input type="checkbox"/> Other: _____	<b>ACTIONS</b> <input checked="" type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
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L242873  
P 50348

**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: 9-11-17

90-day authority:  Yes  No

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

① Trapezoid LLC ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Full Moon Thai Restaurant

3. Business Location: 3445 NE Broadway St Portland Multnomah OR 97232  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 3445 NE Broadway St Portland OR 97232  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-477-6073 N/A  
(phone) (fax)

6. Is the business at this location currently licensed by OLCC?  Yes  No

7. If yes to whom: Culley Food Services LLC Type of License: Full on-premises sales

8. Former Business Name: Full Moon Thai Restaurant

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: Jirat Tantipattaranong 503-952-6603  
(name) (phone number(s))  
12270 SW CENTER ST APT 43 BEAVERTON 97005 jirat\_tanti@hotmail.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 9/2/17 ③ \_\_\_\_\_  
Date \_\_\_\_\_

② [Signature] Date 9/2/17 ④ \_\_\_\_\_  
Date \_\_\_\_\_

RECEIVED SEP 06 2017



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Trapezoid LLC Phone: 503-477-6073

Trade Name (dba): Full Moon Thai Restaurant

Business Location Address: 3445 NE Broadway St

City: Portland ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Table with 2 columns: Day, Business Hours. Rows for Sunday through Saturday with handwritten times.

Table with 2 columns: Day, Outdoor Area Hours. Rows for Sunday through Saturday with handwritten times.

The outdoor area is used for:
[ ] Food service Hours: 11:00 am to 9:30 pm
[X] Alcohol service Hours: 11:00 am to 9:30 pm
[ ] Enclosed, how
The exterior area is adequately viewed and/or supervised by Service Permittees.
(Investigator's Initials)

Seasonal Variations: [ ] Yes [X] 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: 41 Outdoor: 9
Lounge: Other (explain):
Banquet: Total Seating:

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: 9/2/17

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1337603-97

Please Print or Type

LLC Name: Trapezoid LLC Year Filed: 2017 ✓

Trade Name (dba): Full Moon Thai Restaurant

Business Location Address: 3445 NE Broadway St

City: Portland, OR ZIP Code: 97232

List Members of LLC:

Percentage of Membership Interest:

- |   |            |
|---|------------|
| 1. <u>Jirat Tantipattana Wong</u><br><small>(managing member)</small> | <u>50%</u> |
| 2. <u>Charattanon Angkha prasantkul</u><br><small>(members)</small>   | <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: Jirat Tantipattana Wong DOB: 07/26/1987

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

Signature: [Signature] \_\_\_\_\_ Date: 9/2/17  
(name) (title)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: Trapezoid LLC

DBA OR TRADE NAME: Fullmoon Thai Restaurant PHONE: 503-477-6073 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 3445 NE Broadway St Portland 97232

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

CONTACT PERSON: Jint Tantipattanasong PHONE: 403-952-6603 EMAIL: JIRAT\_TAN@HOTMAIL.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: 1,300 sq. ft.

EXISTING BUILDING:  Yes       No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): -

RESTAURANT SEATING CAPACITY: 49      LOUNGE SEATING CAPACITY: -      OUTSIDE SEATING CAPACITY: 8

DESCRIBE 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: 11.00 am CLOSE: 9.00 pm      FRIDAY & SATURDAY OPEN: 11.00 am CLOSE: 9.30 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? closing time      HOW LATE WILL THERE BE ENTERTAINMENT? closing time

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: Culley Food Services LLC

NAME & ADDRESS OF PROPERTY OWNER: Cory Brunish 17190 Wall St, Lake Oswego, OR 97034

**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: 9/16/17

**Property Search**

Owner Name: BRUNISH,VIRGINIA TR % I  
 Site Address: 3445 NE BROADWAY  
 State ID: INIE25DC 15600  
 Account #: R175427

Search Clear PortlandMaps

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

Navigate Query Rel. [Left Arrow] [Right Arrow] [Home] [End]

Owner: BRUNISH,V... Site Address: 3445 NE BR... State: INIE

Commercial storefront (CS) zone. Retail sales and service allowed by right per 53.130.100 and 53.130.101. Table 130-1. J. Brunish - 11/18/17 9/18/17 503-873-5705



Search: Legend Add Data Sel. of Options

**Taxlot Details:**

Lot Size: 2500 sqft Building Size: 1360 sqft Map Number: 2034  
 Lot & Block: 20 3  
 Legal Description: HANCOCK ST ADD, BLOCK 3, LOT 20 EXC N 20' &

**Map Information:**  
 BRUNISH,VIRGINIA TR % BRUNISH,COREY POA  
 Jurisdiction: Portland

**1/4 Section** **Tax Map** **Zoning Map**  
 Plan District: Subdistrict: LUR Case History:  
 Subarea: Draw LURS LUR