



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

*Dm*

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 \_\_\_\_\_

### 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: \_\_\_\_\_

### 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

### OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 9-14-17

90-day authority:  Yes  No

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

① Imago Theatre ③ non-profit

Rec'd by Portland  
Liquor Licenses

② Imago, The Theatre Mask Ensemble

SEP 19 2017

2. Trade Name (dba): Imago Theatre

3. Business Location: 17 SE 8th Avenue, Portland, Oregon, 97214

(number, street, rural route) (city) (county) (state) (ZIP code)

PD 100<sup>00</sup> = TW  
# 23935

4. Business Mailing Address: PO Box 15182, Portland, Oregon, 97293

(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: Imago Theatre

(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: Carol Triffle  
(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: Carol Triffle 503-407-1203  
(name) (phone number(s))  
PO Box 15182, Portland, Oregon 97214 carol@imagotheatre.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 Carol Triffle Date 9-12-17 ③

② \_\_\_\_\_ Date \_\_\_\_\_ ④

RECEIVED

Date  
SEP 13 2017  
Date

Initials: *[Signature]*  
Oregon Liquor Control Commission



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Imago, The Theatre Mask Ensemble Phone: 503-231-3959

Trade Name (dba): Imago Theatre

Business Location Address: 17 SE 8th Ave

City: Portland ZIP Code: 97214

### DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 2pm to 11pm  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday 7pm to 11pm  
 Friday 7pm to 11pm  
 Saturday 2pm to 11pm

Outdoor Area Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

*seasonal*  
 The outdoor area is used for:  
 Food service Hours: 2pm to 9pm  
 Alcohol service Hours: 2pm to 9pm  
 Enclosed, how lobby and seating  
 The exterior area is adequately viewed and/or supervised by Service Permittees.  
 \_\_\_\_\_ (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: Shows are seasonal usually 5 weeks.

### 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: theater plays

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

### SEATING COUNT

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 220

**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: Carol Wuffle Date: 9-12-17

# 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: Imago, The Theatre Mask Ensemble  
DBA OR TRADE NAME: Imago Theatre PHONE: 503 231 3959 FAX: Ø  
BUSINESS ADDRESS (Including ZIP Code): 17 SE 8<sup>th</sup> Ave Portland OR 97214  
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Limited  
CONTACT PERSON: Carol Triffle PHONE: 503 231 3959 EMAIL: carol@imagotheatre.com

**DESCRIPTION OF OUTLET**

**TYPE OF OPERATION (CHECK ALL THAT APPLY)**

- Food Cart       Night Club  
 Restaurant       Sports Bar  
 Convenience Store       Other: live theater plays

SIZE OF SERVICE AREA: 200 sq ft  
EXISTING BUILDING:  Yes       No  
ZONING: EXD Central Employment  
STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: na      LOUNGE SEATING CAPACITY: na      OUTSIDE SEATING CAPACITY: na

DESCRIBE SECURITY: Two box office personal

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: 2:00 Sunday CLOSE: 11 pm FRIDAY & SATURDAY OPEN: 2:00 pm CLOSE: 11:00 pm  
7:00 Thursday  
HOW LATE WILL THERE BE OUTSIDE SEATING? \_\_\_\_\_ HOW LATE WILL THERE BE ENTERTAINMENT? 10:00 pm

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: Masonic lodge  
NAME & ADDRESS OF PROPERTY OWNER: Triffle Mouawad Productions LLC  
1706 NW 32<sup>nd</sup> Ave, Portland, OR 97210

**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): Theater plays  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: Carol Triffle DATE: 9-18-17

Database Search Panel

Owner Name: TRIFLE MOUAWAD PRO  
 Site Address: 19 SE 8TH AVE  
 State ID: IN1E35CC 400  
 Account #: R150307

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

Owner: TRIFLE MOUAWAD PRO  
 Site Address: 19 SE 8TH AVE  
 State: IN1E35CC

*EXD ZONE. RETAIL SALES AND SERVICE USE IS ALLOWED.*  
*G. TYRAN, City Planner*  
*503--823-7526*  
*9/19/17*

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



**Taxlot Details**

Lot Size: 6000 sqft    Building Size: 18000 sqft    Map Number: 3031    Zoning Code(s): EXD

Legal Description: EAST PORTLAND, BLOCK 157, N 25' OF LOT 6, S    Lot & Block: 6,7    Historic District:

Plan District: CENTRAL CITY    LUR Case, Histo (2 Cases): LUR 97-00318

Subdistrict: CENTRAL EASTSIDE    LUR 99-00389

Subarea:

1/4 Section    Tax Map    Zoning Map

Conservation District:

Jurisdiction: Portland    NRMMP:    Draw LURs    LUR

Mailing Information: TRIFLE MOUAWAD PRODUCTIONS LLC

*SITE*