



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: _____

OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 8-2-17

90-day authority: Yes No

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

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

① Dustin Lofstedt ③ _____

② _____ ④ _____

2. Trade Name (dba): Bent Whisker Sandwich Co.

3. Business Location: 7875 SE 13th Ave. Troutdale MLT OR 97202
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 205 SE Harlow Ave. Troutdale OR 97060
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____
(phone)

Rec'd by Portland
(fax) Liquor Licenses

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

SEP 25 2017

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

PB 100-0
013192

8. Former Business Name: _____

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? settled Portland
(name of city or county)

11. Contact person for this application: Dustin Lofstedt 503 866-7000
(name) (phone number(s))

205 SE Harlow Ave. Troutdale OR 97060 Bentwhiskersandwiches@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 *[Signature]* Date 8/1/17 ③ _____

② _____ Date _____ ④ _____

RECEIVED
Date

AUG 01 2017



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Dustin Loftedt Phone: 503-866-7000

Trade Name (dba): Bent Whiskey Sandwich Co.

Business Location Address: 7875 SE 13th Ave. Portland OR 97202

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>11</u> to <u>9</u>
Monday	<u>11</u> to <u>9</u>
Tuesday	<u>11</u> to <u>9</u>
Wednesday	<u>11</u> to <u>9</u>
Thursday	<u>11</u> to <u>9</u>
Friday	<u>11</u> to <u>9</u>
Saturday	<u>11</u> to <u>9</u>

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: _____ Outdoor: _____

Lounge: _____ Other (explain): Food Court All outside seating roughly 20 seats

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: 8/1/17

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: Bent Whisker Sandwich Co.

DBA OR TRADE NAME: _____ PHONE: 503-866-7000 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 7875 SE 13th Ave. Portland OR 97202

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

CONTACT PERSON: Dustin Lofstedt PHONE: 503-866-7000 EMAIL: Bentwhiskersandwiches@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

<input checked="" type="checkbox"/> Food Cart	<input type="checkbox"/> Night Club	SIZE OF SERVICE AREA: _____
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sports Bar	EXISTING BUILDING: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Other: _____	ZONING: _____
STRUCTURAL CHANGES (DESCRIBE): _____		

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 24 seats

DESCRIBE SECURITY: NO

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: 11am CLOSE: 9pm FRIDAY & SATURDAY OPEN: 11am CLOSE: 9pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 9pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: La Tape

NAME & ADDRESS OF PROPERTY OWNER: Mark Ross Gearhart PO Box 704 Lake Oswego OR 97034

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: _____

Property Search

Owner: **Marf SELLWOOD CORNER LLC**
 Site Address: **7875 SE 13TH AVE**
 State ID: **1S1E23CA 13900**
 Account #: **R134167**

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

Owner: **SELLWOOD** Site Address: **7875 SE 13** State: **1S1E**

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

Handwritten:
 7875 SE 13th Ave
 is zoned CS,
 Retail Sales +
 Service is an
 allowed use in
 the CS zone.
 O: Dave Hale, Planning
 823-7705
 GP3



Taxlot Details

Lot Size: 10000 sqft Building Size: 6720 sqft Map Number: 3831 Zoning Code(s): CS

Legal Description: CITY VIEW PK, BLOCK 3, LOT 17&18 Lot & Block: 17818 Historic District: 3

Mailino Information: SELLWOOD CORNER LLC P O BOX 404 Jurisdiction: Portland Conservation District: SubArea: LUR Case: Histor(1 Case) ZC 7242

1/4 Section Tax Map Zoning Map Draw LURS LUR