



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

DT

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 \_\_\_\_\_

**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: [Signature]

Date: 9-21-17

90-day authority:  Yes  No

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

① SHALESH PRASAD ③ \_\_\_\_\_

② Spice Kitchen LLC ④ \_\_\_\_\_

2. Trade Name (dba): SPICE KITCHEN

3. Business Location: 8245 SE DIVISION ST PORTLAND USA OR 97266  
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 774 3978  
(phone)

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

Rec'd by <sup>(fax)</sup> Portland  
Liquor Licenses

7. If yes to whom: \_\_\_\_\_ Type of License: OCT 03 2017

8. Former Business Name: GYRO TOWN

PD 100cc JW  
#LL513072

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: SHALESH PRASAD 971 407 9682  
(name) (phone number(s))  
6701 N GREENWICH AVE PORTLAND OR 97217 Shaleshp@yale.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 8-29-17 ③ \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Spice Kitchen LLC  
SHALESH PRASAD Phone: 971 407 9682  
503 774 3978

Trade Name (dba): SPICE KITCHEN

Business Location Address: 8245 SE DIVISION ST.

City: PORTLAND ZIP Code: 97224

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 11am to 11pm  
Monday 11am to 11pm  
Tuesday 11am to 11pm  
Wednesday 11am to 11pm  
Thursday 11am to 12am  
Friday 11am to 1am  
Saturday 11am to 1am

#### 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: 11am to 1am  
 Alcohol service Hours: 11am to 1am  
 Enclosed, how \_\_\_\_\_

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_  
(Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: HOURS MIGHT BE LESS DURING WINTER OR BAD WEATHER

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

### DAYS & HOURS OF LIVE OR DJ MUSIC

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

### SEATING COUNT

Restaurant: 24 Outdoor: 10  
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: Shalesh Prasad Date: 08-29-2017

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1336292-95

Please Print or Type

LLC Name: SPICE KITCHEN LLC. Year Filed: 2017 ✓

Trade Name (dba): SPICE KITCHEN

Business Location Address: 8245 SE DIVISION ST.

City: PORTLAND OR ZIP Code: 97217

List Members of LLC:

Percentage of Membership Interest:

1. SHALESU PRASAD  
(managing member)
2. \_\_\_\_\_  
(members)
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

100%  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Signature: Shaesu Date: 8-29-2017  
(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: SPICE KITCHEN

DBA OR TRADE NAME: SPICE KITCHEN PHONE: 503-774-3978 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 8245 SE DIVISION ST PORTLAND OR 97226

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

CONTACT PERSON: SHALESH PRASAD PHONE: 971-407-9682 EMAIL: shaleshp@yahoo.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: \_\_\_\_\_

EXISTING BUILDING:  Yes  No

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

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: 24 LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: 10

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: 11am CLOSE: 11pm FRIDAY & SATURDAY OPEN: 11am CLOSE: 1am

HOW LATE WILL THERE BE OUTSIDE SEATING? 10:30pm HOW LATE WILL THERE BE ENTERTAINMENT? None

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: GYRO TOWN

NAME & ADDRESS OF PROPERTY OWNER: D. DONNA 28755 SE CREST DR EAGLE CREEK OR 97022

## 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: Shalesh DATE: 09-29-17



**City of  
Portland, Oregon**  
**Bureau of Development Services**  
FROM CONCEPT TO CONSTRUCTION

Chloe Eudaly, Commissioner  
Rebecca Esau, Interim Director  
Phone: (503) 823-7300  
Fax: (503) 823-6983  
TTY: (503) 823-6868  
[www.portlandoregon.gov/bds](http://www.portlandoregon.gov/bds)



ZONING:

**CS**

ADDRESS:

**8245 SE Division**

PROPOSED USE:

**Retail Sales & Service**

IN THIS ZONE, THE ABOVE USE IS (CHECK ONE):

ALLOWED

LIMITED (PROVIDE COMMENTS BELOW)

CONDITIONAL

PROHIBITED

ADDITIONAL COMMENTS HERE

State ID: 152E04CC 7300

R#: R332257

Tyler Mann

Name of City Official

City Planner

Title

503-823-5062

Contact Number

*Tyler Mann*

Signature of Official

10 / 2 / 2017

Date

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