



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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: \_\_\_\_\_

Date: \_\_\_\_\_

90-day authority:  Yes  No  
Rec'd by Portland Liquor Licenses

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

① Michael Rouse ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): STAG PDX

3. Business Location: 317 NW Broadway PDX Multnomah OR 97209  
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: same as above  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 971-407-3132  
(phone) (fax)

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

7. If yes to whom: Jerrick Hope Lang Type of License: Full on Premises

8. Former Business Name: STAG PDX

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? Multnomah

11. Contact person for this application: Michael Rouse (name of city or county)  
2351 NW Westover 300 PDX OR 97209 (address) (phone number(s))  
503-998-6916 (fax number) Rouse, Michael@yahoo.com (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 Michael Rouse Date 7-17-17 ③ \_\_\_\_\_ Date \_\_\_\_\_

② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Michael Rouse

Phone: 503-998-6916

Trade Name (dba): STAG PDX

Business Location Address: 317 NW Broadway

City: Portland

ZIP Code: 97201

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 11 am to 2:30  
 Monday 7 pm to 2:30  
 Tuesday 7 pm to 2:30  
 Wednesday 5 pm to 2:30  
 Thursday 5 pm to 2:30  
 Friday 5 pm to 2:30  
 Saturday 5 pm to 2:30

#### 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): \_\_\_\_\_  
 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: Michael Rouse

Date: 7-31-17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION  
**LIMITED PARTNERSHIP QUESTIONNAIRE**

Please Print or Type

Partnership Name: STAG PDX LLC Year Filed: 2017

Trade Name (dba): STAG

Business Location Address: 317 NW Broadway

City: Portland OR ZIP Code: 97209

**List Partners:**

**Indicate if General Partner or Limited Partner:**

- |                        |       |
|------------------------|-------|
| 1. <u>Michael Rome</u> | _____ |
| 2. _____               | _____ |
| 3. _____               | _____ |
| 4. _____               | _____ |
| 5. _____               | _____ |
| 6. _____               | _____ |

(Note: If any partner is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire.)

Server Education Designee: Michael Rome DOB: 2-18-75

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

Partner Signature: Michael Rome applicant Date: 7-31-17  
(name) (title)



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: STAB PDX LLC

Year Incorporated: 2017

Trade Name (dba): STAB PDX

Business Location Address: 317 NW Broadway

City: Portland OR

ZIP Code: 97209

List Corporate Officers:

(name)

(title)

List Board of Directors:

(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders:

Number of Shares Held:

Number of Stock Shares:

Issued: \_\_\_\_\_

Unissued: \_\_\_\_\_

Total Shares Authorized to Issue: \_\_\_\_\_

Server Education Designee: Michael Roney

(See Liquor License Application Guide for more information)

DOB: 2-18-75

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

Officer's Signature: Michael Roney

(name)

(title)

Date: 7-31-17

# 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: ~~STAG BAR~~ Portland Stag Bar LLC

DBA OR TRADE NAME: STAG PHONE: 971-407-3132 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 317 NW Broadway  
# 327

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

CONTACT PERSON: Michael Rouse PHONE: 503-998-6916 EMAIL: Rouse, Michael

## 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): NO

RESTAURANT SEATING CAPACITY: \_\_\_\_\_ LOUNGE SEATING CAPACITY: 120 + 86 = 206 total OUTSIDE SEATING CAPACITY: 26-30

DESCRIBE SECURITY: WE HAVE 5 DPSST CERTIFIED SECURITY STAFF

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 11:30am - 2:30am  
M 7pm - 2:30am  
T 7pm - 2:30am  
W 5pm - 2:30am  
T 5pm - 2:30am

SUNDAY - THURSDAY OPEN: \_\_\_\_\_ FRIDAY & SATURDAY OPEN: 5pm CLOSE: 2:30am

HOW LATE WILL THERE BE OUTSIDE SEATING? \_\_\_\_\_ HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: STAG

NAME & ADDRESS OF PROPERTY OWNER: Michael Koppay

## ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

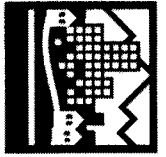
- Dancing  Video Poker  Live Music  Nude Dancers  
 Karaoke  Video Games/Pinball  Recorded Music  DJ Entertainment  
 Pool Tables (How Many): 1  Events (Describe): \_\_\_\_\_  Other: Brunch

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: Michael Rouse DATE: 10-3-17



**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)

Database Search Panel  
Owner Name: CLEAR CHANNEL OUTDOOR  
Site Address: 317 NW BROADWAY  
State ID: 1N1E34CB 5000  
Account #: R140511

Search: Clear PortlandMaps  
 Geocode Address When Target Not Found  
 Search is Based on Active Field Only  
 Hide Personal Property Accounts  
 Display Target Detail Window  
 Navigate Query Re: H N S W  
 Owner: CLEAR CHANNEL 317 NW BROADWAY 1N1E34CB 5000 R140511  
 KOPPEY, MICHAEL 317 NW BR... 1N1E34CB 5000 R140511



**Taxlot Details**  
 Lot Spec: Building Size: Map Number: Zoning Code(s):  
 3029 Cxd  
 Legal Description: Lot & Block: Historic District:  
 CANCEL ACCOUNT/ 4 N 1/2 E  
 COUCHS ADD, BLOCK 50, 50 Conservation District:  
 Main Information: CLEAR CHANNEL OUTDOOR INC %  
 TAX DEPARTMENT Jurisdiction: Portland  
 Plan District: 1/4 Section: Tax Map: Zoning Map:  
 CENTRAL CITY SUNDRIKIST: RIVER DISTRICT  
 Sulfarea: NRMP: Draw LURS: LUR

**ZONING:**  
**CXD**  
 ADDRESS:  
**317 & 327 NW Broadway**  
 PROPOSED USE:  
**Retail Sales and Service**  
 IN THIS ZONE, THE ABOVE USE IS (CHECK ONE):  
 ALLOWED  
 LIMITED (PROVIDE COMMENTS BELOW)  
 CONDITIONAL  
 PROHIBITED  
 ADDITIONAL COMMENTS HERE

**Timothy Novak**  
 Name of City Official  
**City Planner**  
 Title  
 503-823-5395  
 Contact Number  
 Signature of Official: *Timothy Novak*  
 Date: 10/04/2017  
 Bureau of Development Services  
 Land Use Service Division  
 1900 SW 4th Ave, Suite 500  
 Portland, OR 97201