



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

MO

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

Rec'd by Portland Liquor Licenses

OCT 04 2017

PD 10092-AS
11608

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: 10-2-17

90-day authority: Yes No

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

1 DUB'S ST. JOHNS, LLC 3

2 WILLIAM TRAVIS III 4

2. Trade Name (dba): DUB'S ST. JOHNS

3. Business Location: 8537 N LOMBARD PORTLAND MULT OR 97203
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 8537 N. LOMBARD PORTLAND OR 97203
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503.998.8230
(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: KOKUYO TERIYAKI

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? CITY OF PORTLAND MULT CO
(name of city or county)

11. Contact person for this application: WILLIAM TRAVIS III 503.998.6947
(name) (phone number(s))
8639 N. FOWLER CT. PDX, OR 97217 wmtravis3@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 9/28/17 3
2 [Signature] Date 4
RECEIVED
SEP 28 2017
Date



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Dub's St. Johns, LLC

Applicant Name: ~~WILLIAM TRAVIS III~~

Phone: 503.998.6947

Trade Name (dba): DUB'S ST. JOHNS

Business Location Address: 8537 N LOMBARD

City: PORTLAND

ZIP Code: 97203

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9 AM to 10 PM
Monday 9 AM to 10 PM
Tuesday 9 AM to 10 PM
Wednesday 9 AM to 10 PM
Thursday 9 AM to 10 PM
Friday 9 AM to 12 AM
Saturday 9 AM to 12 AM

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
- 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 9 AM to 10 PM
Monday 9 AM to 10 PM
Tuesday 9 AM to 10 PM
Wednesday 9 AM to 10 PM
Thursday 9 AM to 10 PM
Friday 9 AM to 12 AM
Saturday 9 AM to 12 AM

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: _____

Date: 9/28/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



980157-96

Please Print or Type

LLC Name: DUB'S ST. JOHNS, LLC Year Filed: 2013 ✓

Trade Name (dba): DUB'S ST. JOHNS

Business Location Address: 8537 N. LOMBARD

City: PORTLAND ZIP Code: 97217

List Members of LLC:

Percentage of Membership Interest:

1. WILLIAM TRAVIS III
(managing member)

100%

2. _____
(members)

3. _____

4. _____

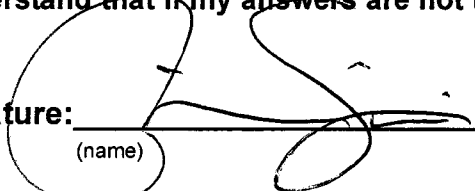
5. _____

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: WILLIAM TRAVIS III DOB: 01/21/1964

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

Signature:  OWNER Date: 9/28/17
(name) (title)

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: DUB'S ST. JOHNS, LLC

DBA OR TRADE NAME: DUB'S ST. JOHNS PHONE: 503.998.8230 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 8537 N LOMBARD PORTLAND, OR 97203

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

CONTACT PERSON: WILLIAM TRAVIS III PHONE: 503.998.6947 EMAIL: wmtravis3@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Food Cart	<input type="checkbox"/> Night Club	SIZE OF SERVICE AREA: <u>450 sf</u>
<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Sports Bar	EXISTING BUILDING: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Other: _____	ZONING: <u>Commercial</u>
		STRUCTURAL CHANGES (DESCRIBE): <u>N/A</u>

RESTAURANT SEATING CAPACITY: 35-50 LOUNGE SEATING CAPACITY: 30 OUTSIDE SEATING CAPACITY:

DESCRIBE SECURITY: VIDEO CAMERA, SERVICE PERMITTEES

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: 9 AM CLOSE: 10 PM FRIDAY & SATURDAY OPEN: 9 AM CLOSE: 12 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? TIL CLOSE HOW LATE WILL THERE BE ENTERTAINMENT? UNTIL CLOSE

HISTORY OF LOCATION
PREVIOUS BUSINESS NAME OF THIS LOCATION: KOKIYO TERIYAKI

NAME & ADDRESS OF PROPERTY OWNER: _____

ENTERTAINMENT

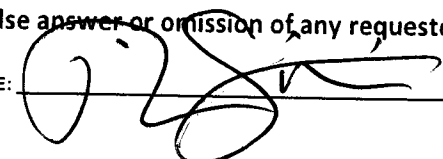
TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Dancing	<input type="checkbox"/> Video Poker	<input checked="" type="checkbox"/> Live Music	<input type="checkbox"/> Nude Dancers
<input type="checkbox"/> Karaoke	<input type="checkbox"/> Video Games/Pinball	<input checked="" 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.

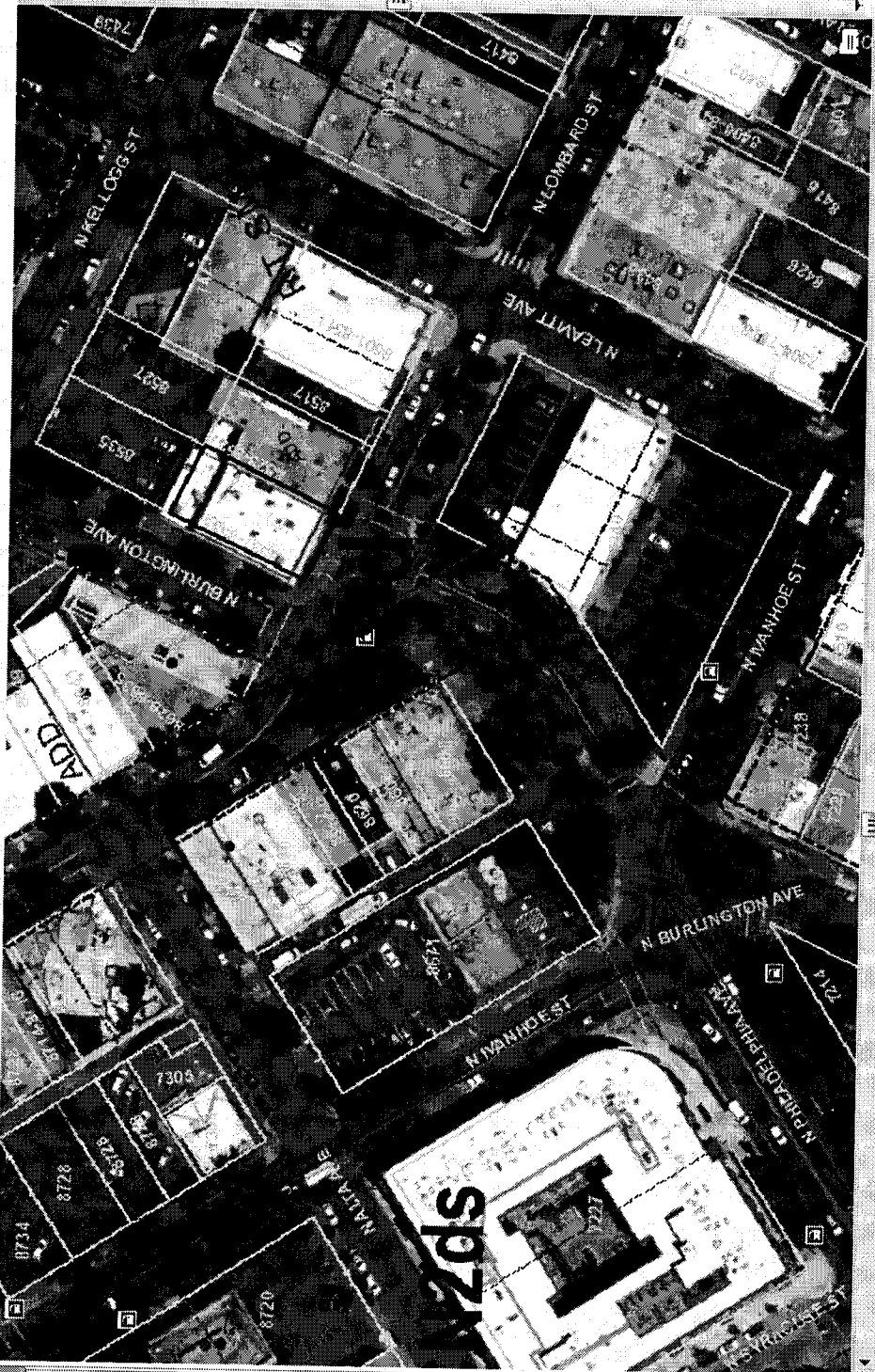
SIGNATURE:  DATE: 9/28/17

Property Search
 Owner Name: MACK, GEORGE
 Site Address: 8531-8535 N LOMBARD S
 State ID: IN1W12BA 300
 Account #: R232277

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

Owner: MACK, GEORGE
 Site Address: 8531-8535 N LOMBARD S

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



Plan District: ST. JOHNS
 Subdistrict:
 SubArea:
 NRMP:

Taxlot Details
 Lot Size: 5000 sqft
 Building Size: 8600 sqft
 Man Number: 2121
 Zoning Code(s): CSD
 Legal Description: P. T. SMITHS ADD, BLOCK 5, LOT 4
 Lot & Block: 4
 Historic District: 5
 Conservation District:
 Mailing Information: MACK, GEORGE
 10001 SE SUNNYSIDE RD #200
 Jurisdiction: Portland

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

See will: 10/9/17