



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: 10-26-16

90-day authority: Yes No

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

① Lakeside Suites LLC ③ _____

② _____ ④ _____

2. Trade Name (dba): Clarion Hotel

3. Business Location: 11518 NE Glenn Widing Dr. Portland, OR 97220

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

4. Business Mailing Address: PO Box 56150 Portland OR 97238

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

5. Business Numbers: 503-252-2222 503-257-7008

(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: Don Gibson

(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? Multnomah County Portland

(name of city or county)

11. Contact person for this application: Shirin Patel 503-621-2116

(name) (phone number(s))

PO Box 56150 shirin@asmhotels.com

(address) (fax number) (e-mail address)

Rec'd by Portland
Liquor Licenses

OCT 11 2017

PD 100° JW
CC09315

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 Aino G Pau Date 9/20/16 ③ _____

② _____ Date _____ ④ _____

Initials: [Signature]

RECEIVED

SEP 27 2016



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Lakeside Suites, LLC Phone: 503-252-2222

Trade Name (dba): Clarion Hotel

Business Location Address: 11518 NE Glenn Widing Dr.

City: Portland ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday to 24 hrs
Monday to 24 hrs
Tuesday to 24 hrs
Wednesday to 24 hrs
Thursday to 24 hrs
Friday to 24 hrs
Saturday to 24 hrs

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 to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: 30 Outdoor: NA
Lounge: NA Other (explain):
Banquet: NA Total Seating: 30

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: Aidan G. Pate Date: 9-16-2016

1-800-452-OLCC (6522)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

311043-91

Please Print or Type

LLC Name: Lakeside Suites LLC Year Filed: 2005
~~2006~~

Trade Name (dba): Clarion Hotel

Business Location Address: 11518 NE Glenn Widing Dr.

City: Portland ZIP Code: 97220

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|----------------|
| 1. <u>Arvind Patel</u>
(managing member) | <u>21.43 %</u> |
| 2. <u>Shantilal Patel</u>
(members) | <u>21.43 %</u> |
| 3. <u>Mahendra Patel</u> | <u>21.43 %</u> |
| 4. <u>Nikhil Patel</u> | <u>28.57 %</u> |
| 5. <u>Stanley Jones</u> | <u>7.14 %</u> |
| 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: _____ DOB: _____

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

Signature: Arund G Pan MANAGING MEMBER Date: 9-20-2011
(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: Lakeside ~~Suite~~ Suites, LLC

DBA OR TRADE NAME: Clarion Hotel PHONE: 503-252-2222 FAX: 503-257-7008

BUSINESS ADDRESS (Including ZIP Code): 11518 NE Glenn Widing Dr. Portland OR 97220

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

CONTACT PERSON: Shirin Patel PHONE: 503-621-2116 EMAIL: Shirin@asmhotels.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Other: <u>Hotel market</u> |

SIZE OF SERVICE AREA: 300sf

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 0 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 0

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: 7:00am CLOSE: 2:30am FRIDAY & SATURDAY OPEN: 7:00am 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: _____

NAME & ADDRESS OF PROPERTY OWNER: _____

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: Shirin Patel

DATE: 10/10/17

Property Search

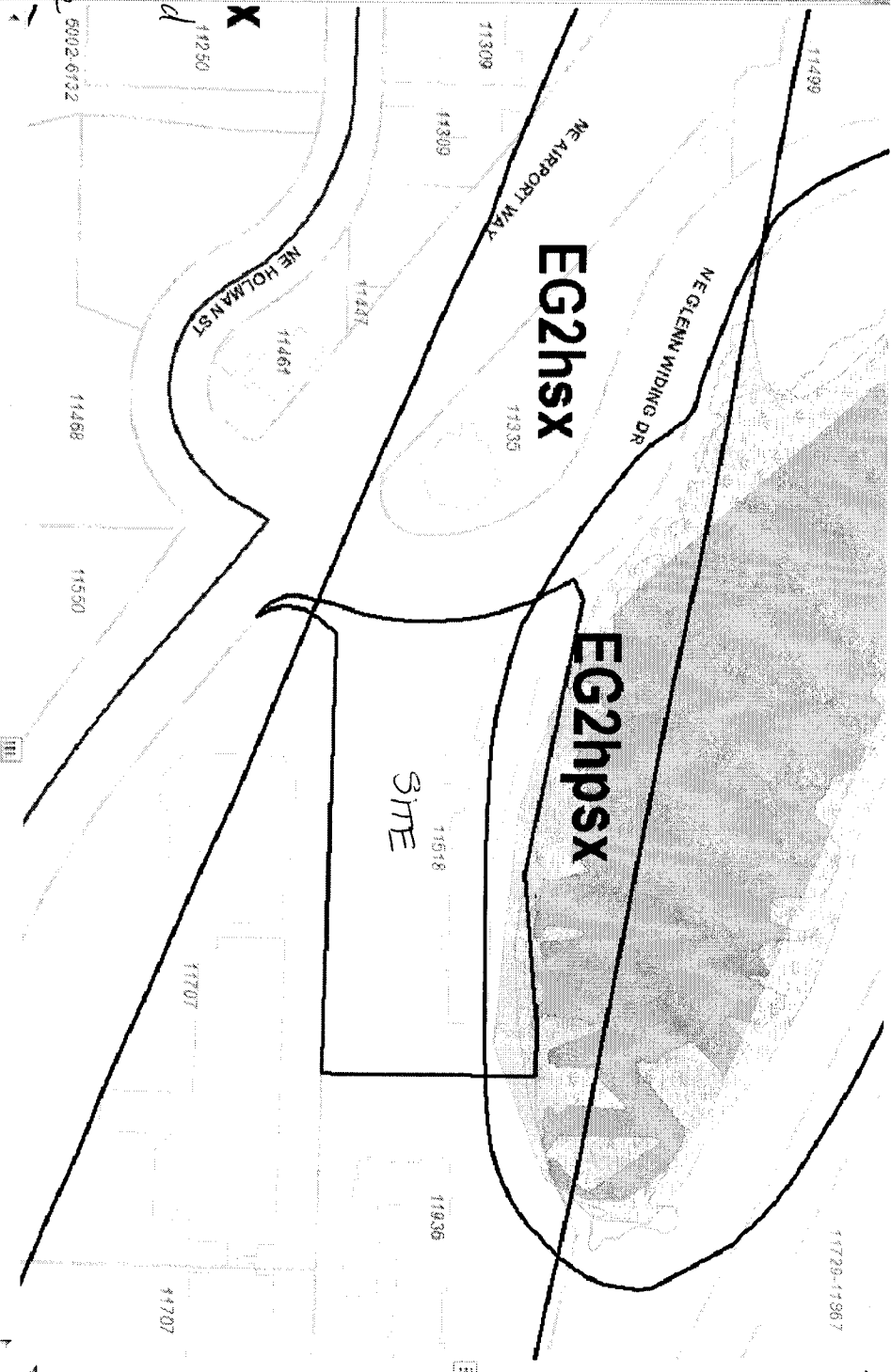
Owner: Nari Lakeside Suites LLC
 Site Address: 18 NE Glenn Widding Dr
 State ID: INZEL15D 1100
 Account #: R187/003

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

Navigate Query Rel. N
 Owner Site Address State
 LAKESIDES 11518 NE G. WIDDING

City of Portland
 Department of Development Services
 Land Use Service Division
 1800 SW 4th Ave, Suite 5000
 Portland, OR 97201

Per 33.140.100 Table
 140-1, Retail Sales &
 Service Uses are allowed
 up to 60,000 SF of
 net building area.
 Retail sales and service
 uses more than
 60,000 SF allowed,
 per CU 128-Stc.
 Parrish Burns
 Lead Planner
 (503) 823-7348



Taxlot Details

Lot Size: 11514 sqft Building Size: 63623 sqft Map Number: 2442 Zoning Code(s): EG2hs,x

Legal Description: INTL CORPORATE CTR, LOT 2 Lot & Block: 2 Historic District: Conservation District:

Mailino Information: LAKESIDE SUITES LLC PO BOX 56150 Jurisdiction: Portland NRMPP: Draw LURS: LUR

Plan District: COLUMBIA SOUTH SH Subdistrict: LUR Case Hist (18 Cases): LUR 93-00137 LUR 93-00719 LUR 94-00036 M 2-76p