



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DM

LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).

APPLICATION: Application is being made for:

- Brewery
- Brewery-Public House
- Distillery
- Full On-Premises, Commercial
- Full On-Premises, Caterer
- Full On-Premises, Passenger Carrier
- Full On-Premises, Other Public Location
- Full On-Premises, Nonprofit Private Club
- Full On-Premises, For-Profit Private Club
- Grower Sales Privilege
- Limited On-Premises
- Off-Premises
- Off-Premises with Fuel Pumps
- Warehouse
- Wholesale Malt Beverage & Wine (WMBW)
- Winery

*L256283
P26422*

CITY AND COUNTY USE ONLY

Date application received _____

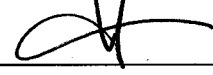
Name of City or County _____

Recommends this license be Granted Denied

By _____

Date _____

OLCC USE

Application received by 

Date 10-13-17

License Action:

C/O C/TN

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:

Applicant #1

Reveal, LLC

Applicant #2

*Rec'd by Portland
Liquor Licenses*

Applicant #3

Applicant #4

OCT 16 2017

PD \$75 CC

014336

2. Trade Name of the Business (the name customers will see): Reveal Lounge

3. Business Location: Number and Street 8345 SW Barbur Blvd.

City Portland

County Multnomah

ZIP 97219

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

5. Mailing Address (where the OLCC will send your mail):

PO Box, Number, Street, Rural Route PO Box 1882

City Beaverton

State OR

ZIP 97075

6. Phone Number of the Business Location: TBD

7. Contact Person for this Application:

Name Michael Gottlieb, Attorney

Phone Number 503-546-0498

Mailing Address, City, State, ZIP
16869 65th Ave, Suite 224, Lake Oswego, OR 97035

Email michael@gottlieb-law.com

I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.

Signature of Applicant #1

James Connie

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4

RECEIVED
OLCC Liquor License Application (Rev. 05/2017)

OCT 11 2017



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Reveal, LLC Phone: TBD

Trade Name (dba): Reveal Lounge

Business Location Address: 8345 SW Barbur Boulevard

City: Portland ZIP Code: 97219

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 am to 2:30 am every day
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

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 11 am to 2:30 am every day
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 37 Outdoor: _____
 Lounge: 56 Other (explain): _____
 Banquet: _____ Total Seating: 93

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: 10/9/2017

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1366340-94

Please Print or Type

LLC Name: Reveal, LLC Year Filed: 2017 ✓

Trade Name (dba): Reveal Lounge

Business Location Address: 8345 SW Barbur Boulevard

City: Portland ZIP Code: 97219

List Members of LLC:

Percentage of Membership Interest:

- | | |
|----------------------------------------------|-------------|
| 1. <u>Javier Garcia</u>
(managing member) | <u>100%</u> |
| 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: Javier Garcia DOB: 9/29/65

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

Signature: Javier Garcia member Date: 10/09/2017
(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: Reveal, LLC

DBA OR TRADE NAME: Reveal Lounge PHONE: TBD FAX: None

BUSINESS ADDRESS (Including ZIP Code): 8345 SW Barbur Blvd, Portland, OR 97219

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

CONTACT PERSON: Michael Gottlieb, attorney PHONE: 503-546-0498 EMAIL: michael@gottlieb-law.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: 1800 sq ft

EXISTING BUILDING: Yes No

ZONING: CG

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 37 LOUNGE SEATING CAPACITY: 56 OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: Security at door to check IDs

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: 2:30am FRIDAY & SATURDAY OPEN: 11am CLOSE: 2:30am

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? 2:30am

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Boom Boom Room

NAME & ADDRESS OF PROPERTY OWNER: William JC Ou Trust, 20142 17th Ave NW, Shoreline, WA 98177

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: Jane Gamble DATE: 10/9/17

Property Search

Owner Name: OU, WILLIAM J C TR
 Site Address: 8343 SW BARBUR BLVD
 State ID: 151E21CC 1300
 Account #: R103563

Search

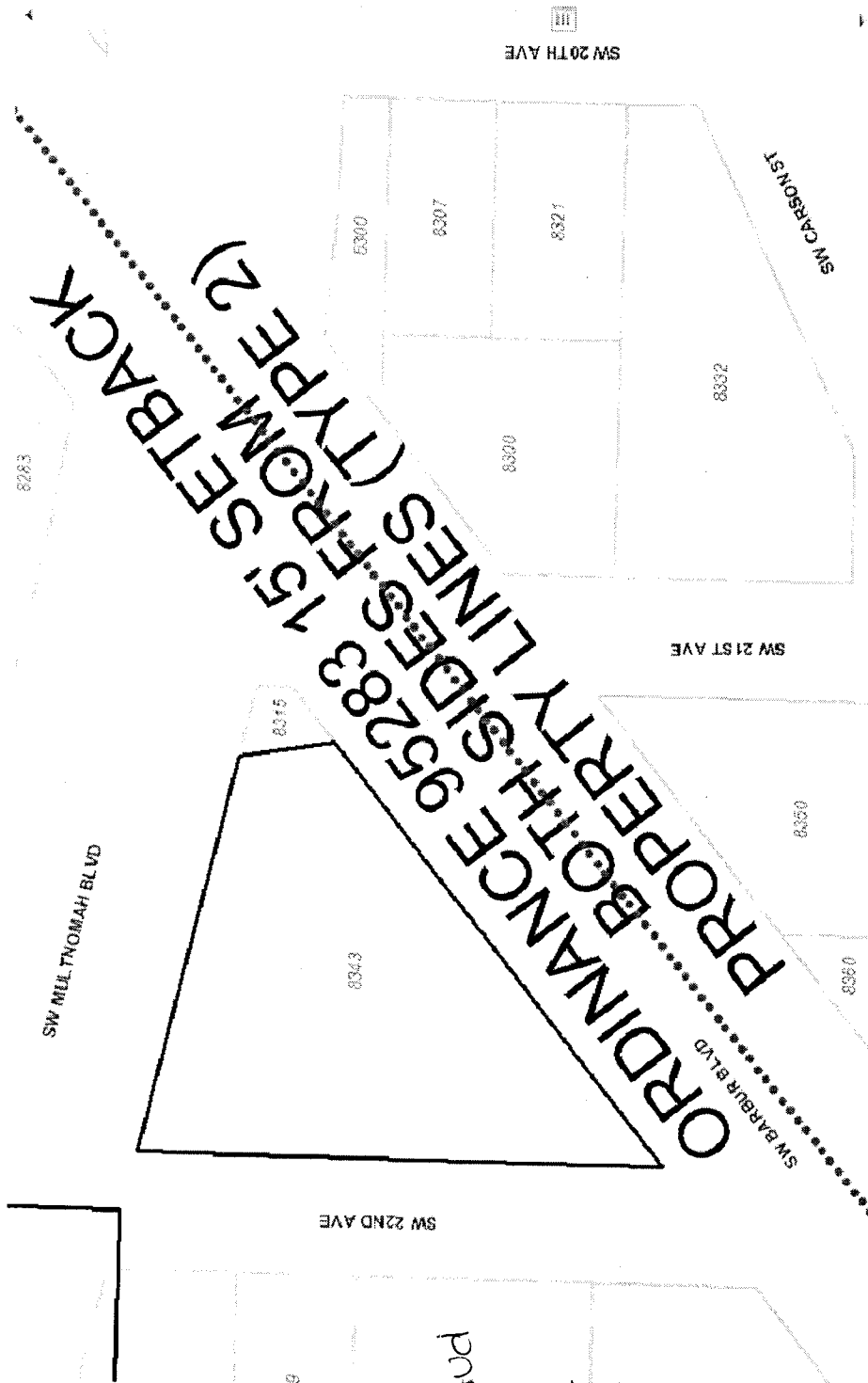
Geocode Address When Taxlot Not
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window

Navigate Query Re:

Owner: OU, WILLIAM Site Address: 8343 SW BARBUR BLVD State: OR

8343 Sw Barbur Blvd
 Retail Sales + Service
 allowed by right
 in CG zone

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



Taxlot Details:

Lot Size: 26450 sqft Building Size: 5300 sqft Map Number: 3827 Zoning Code(s): CG
 Legal Description: ALDER SPRINGS, BLOCK 9, LOT B89-14 TL 1300 Lot & Block: B89-14 T 9
 Historic District: Conservation District: Jurisdiction: Portland
 Mailing Information: OU, WILLIAM J C TR 20142 17TH AVE NW
 Plan District: Sub District: Sub Area: NRMP:
 LUR Case History: