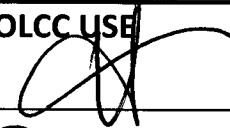
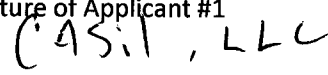
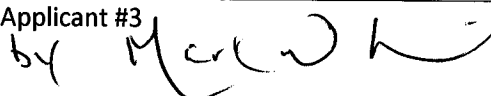




LIQUOR LICENSE APPLICATION

DT

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input checked="" type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input type="checkbox"/> Limited On-Premises</p> <p><input type="checkbox"/> Off-Premises</p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p>
	<p align="center">OLCC USE</p> <p>Application received by </p> <p>Date <u>10-11-17</u></p> <p>License Action: <u>n/o</u></p>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		
Applicant #1 Casil, LLC	Applicant #2	<p align="right">Rec'd by Portland Liquor Licenses</p> <p align="right">NOV 03 2017</p> <p align="right">PD 100⁰⁰ TFS</p> <p align="right">#088432P</p>
Applicant #3	Applicant #4	
2. Trade Name of the Business (the name customers will see): FlipSide Bar and Carts		
3. Business Location: Number and Street 9320 SE Woodstock Blvd		
City Portland	County Multnomah	ZIP 97266
4. Is the business at this location currently licensed by the OLCC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Mailing Address (where the OLCC will send your mail):		
PO Box, Number, Street, Rural Route PO Box 1931		
City Clackamas	State OR	ZIP 97015
6. Phone Number of the Business Location: TBD		
7. Contact Person for this Application:		
Name Mark Lisac	Phone Number 503.970.7223	
Mailing Address, City, State, ZIP PO Box 1931 Clackamas OR 97015		
Email mlisac@comcast.net		
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 	Signature of Applicant #2	
Signature of Applicant #3 	Signature of Applicant #4	<p>RECEIVED</p> <p>OCT 06 2017</p>



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CASIL, LLC Phone: 503 9707223

Trade Name (dba): Flip Side Bar and Carts

Business Location Address: 9302 SE Woodstock Blvd

City: Portland OR ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10AM to 2AM
 Monday 10AM to 2AM
 Tuesday 10AM to 2AM
 Wednesday 10AM to 2AM
 Thursday 10AM to 2AM
 Friday 10AM to 2AM
 Saturday 10AM to 2AM

Outdoor Area Hours:

Sunday 10AM to 2AM
 Monday 10AM to 2AM
 Tuesday 10AM to 2AM
 Wednesday 10AM to 2AM
 Thursday 10AM to 2AM
 Friday 10AM to 2AM
 Saturday 10AM to 2AM

The outdoor area is used for:

- Food service Hours: 10AM to 2AM
- Alcohol service Hours: 10AM to 2AM
- Enclosed, how Two Sides - Roof Top

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 5pm to 1AM
 Monday 5pm to 1AM
 Tuesday 5pm to 1AM
 Wednesday 5pm to 1AM
 Thursday 5pm to 1AM
 Friday 5pm to 1AM
 Saturday 5pm to 1AM

SEATING COUNT

Restaurant: 65 Outdoor: 32
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 97

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: 10/3/2017

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1103438-94

Please Print or Type

LLC Name: CASIL, LLC Year Filed: 2015 ✓

Trade Name (dba): Flip Side BAR and CARTS

Business Location Address: 9320 SE Woodstock Blvd

City: Portland Oregon ZIP Code: 97266

List Members of LLC:

Percentage of Membership Interest:

1. <u>Mark Lisac</u> <small>(managing member)</small>	<u>17.5</u>
2. <u>John Lisac</u> <small>(members)</small>	<u>15</u>
3. <u>Irene Lisac</u>	<u>15</u>
4. <u>Brian Lisac</u>	<u>17.5</u>
5. <u>Signe Lisac</u>	<u>17.5</u>
6. <u>BeBe Lisac</u>	<u>17.5</u>

(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: BeBe Lisac DOB: 05/05/1970

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

Signature: Mark Wh Member Date: 10/3/2017
(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: CASIL, LLC

DBA OR TRADE NAME: Flip Side Bar PHONE: 503 9707223 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 9320 SE ^{CARTS} Woodstock Blvd Portland OR 97266

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): new outlet Full on Pre-18

CONTACT PERSON: Mark Lisac PHONE: 503 9707223 EMAIL: MLISAC@COMCAST.NET

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: _____

SIZE OF SERVICE AREA: 2626

EXISTING BUILDING: Yes No

ZONING: CM

STRUCTURAL CHANGES (DESCRIBE): new construction

RESTAURANT SEATING CAPACITY: 65 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 32

DESCRIBE SECURITY: Alarm Monitor, Security Cameras

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: 10:00 AM CLOSE: 2:00 AM FRIDAY & SATURDAY OPEN: 10:00 AM CLOSE: 2:00 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 2:00 AM HOW LATE WILL THERE BE ENTERTAINMENT? 1:00 AM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: None

NAME & ADDRESS OF PROPERTY OWNER: CASIL, LLC PO Box 1931 Clackamas OR 97015

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: Mark Lisac DATE: 11/1/2017

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

9320 SE Woodstock is located on the CM zone. Retail Sales and Service is an allowed use in the CM zone. Laura Lehman, City Planner, 503-823-7391

Laura Lehman 11.3.17

