



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 _____

Rec'd by Portland
Liquor Licenses

NOV 13 2017

PD 1000e PAS
3203

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: 10-18-17

90-day authority: Yes No

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

① The Disabled American Veterans
Portland, Oregon, Chapter No. 1

② _____

2. Trade Name (dba): DAY BLISS

3. Business Location: 8725 NE SANDY BLVD, PORTLAND, MULT, OREGON 97220
(number, street, rural route) (city) (county) (state) (ZIP code)

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

5. Business Numbers: 503 255 0171 503 255 0128
(phone) (fax) 0216

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: COURTNEY KILPATRICK
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? PORTLAND
(name of city or county)

11. Contact person for this application: DON SMITH 971 570 8999
(name) (phone number(s))
1505 MADISON STREET, OREGON CITY, 97045 don.smith.usa@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 10/2/17

② _____ Date _____

RECEIVED

DATE 10 2017



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type The Disabled American Veterans

Applicant Name: Portland, Oregon, Chapter No. 2 Phone: 503 255 0171

Trade Name (dba): DAV Bingo

Business Location Address: 8725 NE SANDY BLVD

City: PORTLAND ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>8 AM</u> to <u>12 PM</u>
Monday	<u>8 AM</u> to <u>12 PM</u>
Tuesday	<u>10 AM</u> to <u>12 PM</u>
Wednesday	<u>10 AM</u> to <u>4 AM</u>
Thursday	<u>10 AM</u> to <u>12 PM</u>
Friday	<u>8 AM</u> to <u>4 AM</u>
Saturday	<u>8 AM</u> to <u>4 AM</u>

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: BINGO

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>N/A</u> to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

SEATING COUNT

Restaurant: 416 Outdoor: _____
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 416

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: 10/2/17



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

028321-11

Please Print or Type

Corporation Name: The Disabled American Veterans Year Incorporated: 7/20/1925
Portland, Oregon, Chapter No. 1
Trade Name (dba): DAY BINGO

Business Location Address: 8725 NE SANDY BLVD
City: PORTLAND, OREGON ZIP Code: 97220

List Corporate Officers:

<u>Val Shaul</u>	<u>Commander</u>
(name)	(title)
<u>DOUG GLENN</u>	<u>Sr. Vice</u>
<u>DON DENNIS</u>	<u>Jr. Vice</u>
<u>TOM COUSINO</u>	<u>Treasurer</u>

List Board of Directors:

(name) Val Shaul, Doug Glenn, Don Dennis, Tom Cousino, Don Smith, Gary Grange

ALL NON-STOCK OWNERS

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:
<u>N/A</u>		Issued: _____
		Unissued: _____
		Total Shares Authorized to Issue: _____

Server Education Designee: Courtney Kelley DOB: 8/1/78
(See Liquor License Application Guide for more information)

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

Officer's Signature: Rachel Ex. Dir. Date: 10/2/17
(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: Disabled American Veterans Portland Chapter 1
DBA OR TRADE NAME: DAV Bingo PHONE: 503 255 0171 FAX: _____
BUSINESS ADDRESS (Including ZIP Code): 8725 NE SANDY Blvd, Portland, OR 97220
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): new outlet
CONTACT PERSON: Don Smith PHONE: 971 570 0999 EMAIL: _____

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

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

DESCRIBE SECURITY: DPSST certified security during ALL business hours

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: _____ CLOSE: _____ FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: WAKAWA Trade wcl

NAME & ADDRESS OF PROPERTY OWNER: UNKNOWN

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: [Signature] DATE: 10/23/17

Retail Sales & Service use allowed in the CGh zone per Table 130-1.
 Suzan Poisner, City Planner II, 503-823-5804, suzan.poisner@portlandoregon.gov



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

File Edit View Drawing Help

Property Search

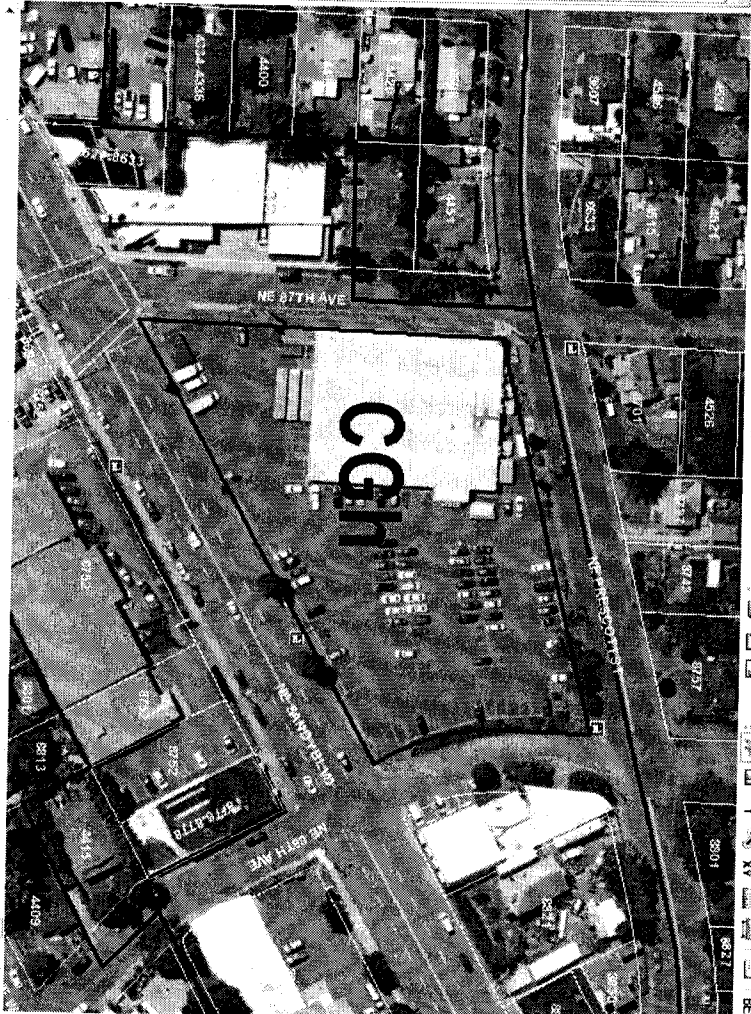
Owner Name: DISABLED AMERICAN VETERANS!
 Site Address: 8725 NE SANDY BLVD
 State ID: JUNE21CA 6300
 Account #: R262117

Search Clear Portlandmaps

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

Navigate Query Results

Owner: REVEREND AMER... 8725 NE SANDY... JUN... State



Scale: 1" = 101'

Map Tools: Home, Back, Forward, Refresh, Print, etc.

Taxlot Details

Lot Size: 75000 sqft Building Size: 17760 sqft Map Number: 2339

Legal Description: ROSENWAY & PLAT 2, BLOCK 37, LOT 1-22

Mailing Information: DISABLED AMERICAN VETERANS POR 8725 NE SANDY BLVD PORTLAND, OR 97220

Map Number: 2339

Legal Description: ROSENWAY & PLAT 2, BLOCK 37, LOT 1-22

Historic District: 37

Conservation District:

Jurisdiction: Portland

Zoning Code(s): CGh

1/4 Section Map Tax Map Zoning Map

Plan District: LUR Case History:

Subdistrict: LUR Search

Subarea: Draw LURS

Search Legend Add Data Selection