



# LIQUOR LICENSE APPLICATION

*Pending*

**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

*247292*  
*B# 47125*

**CITY AND COUNTY USE ONLY**

Date application received \_\_\_\_\_

Name of City or County \_\_\_\_\_

Recommends this license be \_\_\_ Granted \_\_\_ Denied

By \_\_\_\_\_

Date \_\_\_\_\_

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**OLCC USE**

Application received by *[Signature]*

Date 11-11-17

License Action:  
*Grower, Priv.*

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

Applicant #1 <i>Milieu Productions LLC</i>	Applicant #2	Rec'd by Portland Liquor Licenses  <b>NOV 17 2017</b> PD <u>7500 PAS</u> # <u>CC317155</u>
Applicant #3	Applicant #4	

**2. Trade Name of the Business (the name customers will see):** *Alberta Rose Theatre*

**3. Business Location: Number and Street** *3000 NE Alberta Street*

City *Portland* County *Multnomah* ZIP *97211*

**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 *3283 SE Grant Street*

City *Portland* State *OR* ZIP *97214*

**6. Phone Number of the Business Location:** *503-719-6055*

**7. Contact Person for this Application:**

Name *Joseph Cawley* Phone Number *503-233-7290*

Mailing Address, City, State, ZIP *3283 SE Grant Street  
Portland, OR 97214*

Email *Joe@albertarosetheatre.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 <i>[Signature]</i>	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

RECEIVED

NOV 03 2017



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Milku Productions LLC Phone: 719-6055  
503-233-7240

Trade Name (dba): Alberta Rose Theatre

Business Location Address: 3000 NE Alberta St.

City: Portland ZIP Code: 97211

## DAYS AND HOURS OF OPERATION

### Business Hours:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
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)

*\* Only open on event days, Generally early evenings.*

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: Live theater

*Plays, storytelling, etc.*

## DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

*\* Only open when events are scheduled*

## SEATING COUNT

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: 300 in auditorium  
12 in concessions area

**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: 11/3/17

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



621527-99

Please Print or Type

LLC Name: Milled Productions LLC Year Filed: 2009  
2010

Trade Name (dba): Alberta Rose Theatre

Business Location Address: 3000 NE Alberda St.

City: Portland ZIP Code: 97214

List Members of LLC:

- 1. Joseph Cawley  
(managing member)
- 2. \_\_\_\_\_  
(members)
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Percentage of Membership Interest:

100  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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: Joseph Cawley DOB: 7/28/70

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

Signature: [Signature] (name) owner (title) Date: 11/3/17

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: Milieu Productions LLC

DBA OR TRADE NAME: Alberta Rose Theatre PHONE: 503-719-6055 FAX: 503-719-7784

BUSINESS ADDRESS (Including ZIP Code): 3000 NE Alberta St., Portland, OR 97211

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

CONTACT PERSON: Joseph Cawley PHONE: 503-233-7290 EMAIL: joe@albertarosetheatre.com

## DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

Food Cart  Night Club

Restaurant  Sports Bar

Convenience Store  Other: Theater

SIZE OF SERVICE AREA: \_\_\_\_\_

EXISTING BUILDING:  Yes  No

ZONING: Commercial - Streetfront

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 12 (in concession) LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: Full Staffing with Door Personnel, ushers, bar managers.

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 Only open on event days - Generally early evening. 3 hours per event usually

SUNDAY - THURSDAY OPEN: \_\_\_\_\_ CLOSE: \_\_\_\_\_ FRIDAY & SATURDAY OPEN: \_\_\_\_\_ CLOSE: \_\_\_\_\_

HOW LATE WILL THERE BE OUTSIDE SEATING? None HOW LATE WILL THERE BE ENTERTAINMENT? usually ends by 10:30

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: \_\_\_\_\_

NAME & ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

## 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): Theater (Live) Play  Other: Storytelling

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  
We have had a limited license for Eight years with no issues, Service is generally only during 20 minute intermission & one hour before event starts

A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: \_\_\_\_\_ DATE: 11/16/17

File Edit View Drawing Help

Property Search

Owner Name MAYFIELD,ROBBIN & MAYE  
 Site Address 3000-3018 NE ALBERTA S  
 State ID IN1E24BD 8400  
 Account # R155513

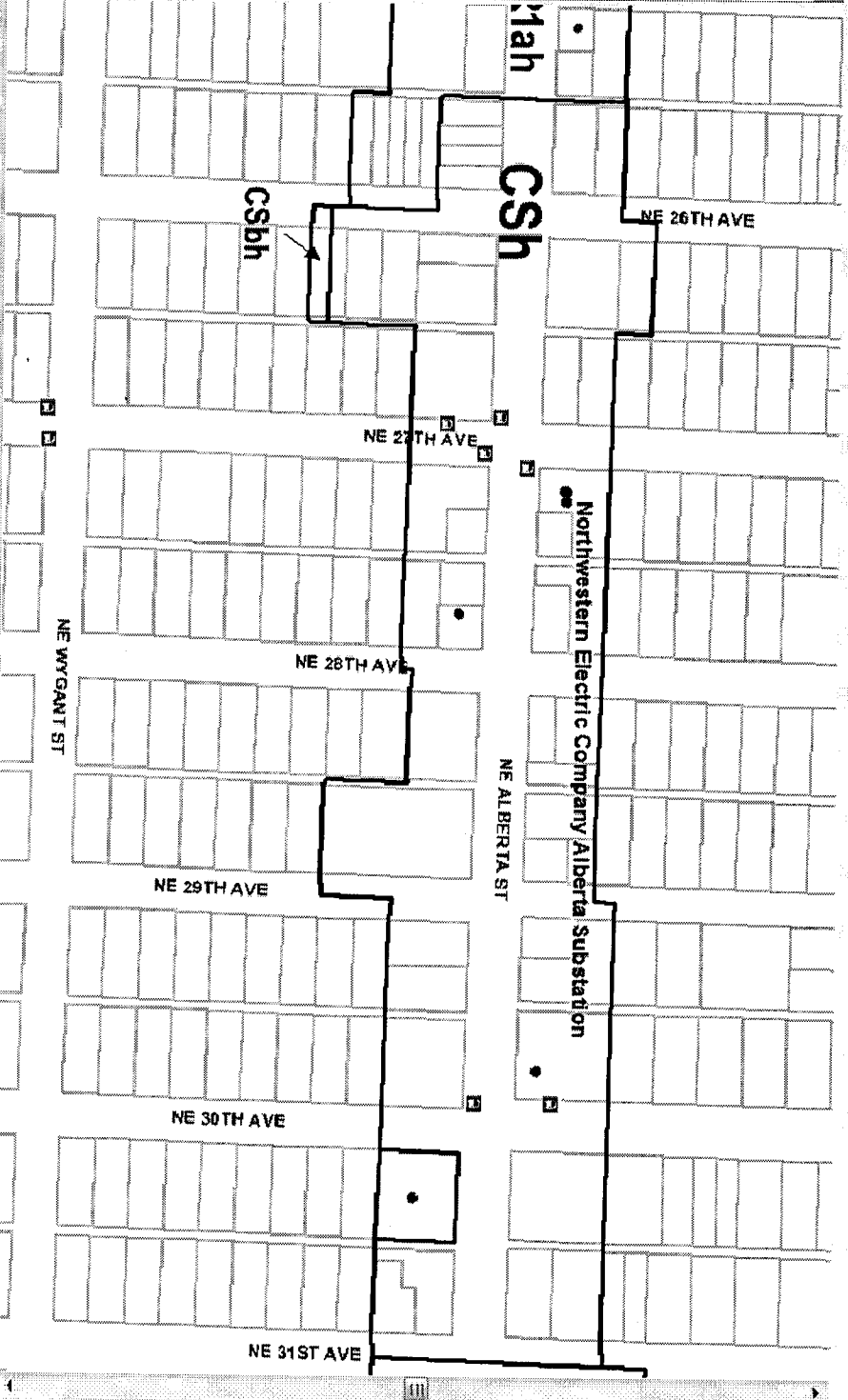
Search Clear Portlandmaps

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

Navigate Query Re

Owner Site Address State  
 MAYFIELD, R... 3000-3018... IN1E

Scale: 1" = 180'



Taxlot Details

Lot Size: 9000 sqft  
 Building Size: 12000 sqft  
 Main Number: 2533  
 Zoning Code(s): CSh  
 Legal Description: ELBERTA, BLOCK 5, LOT 182  
 Lot & Block: 182 5  
 Historic District:  
 Conservation District:  
 Mailing Information: MAYFIELD,ROBBIN & MAYFIELD,DEBRA  
 Jurisdiction: Portland

1/4 Section  
 Tax Map  
 Zoning Map  
 Plan District:  
 SubDistrict:  
 Subarea:  
 NRMIP:  
 Draw LURS  
 LUR

LUR Case Hist(2 Cases)  
 LU 04-51550  
 LUR 97-00327

Scale 1 inch = 180 feet

*Retail Sales & Service allowed in CSh zoning.  
 From 11-17-17*