



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

LL 258208
P 27209

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 [Signature]

Date 11-21-17

License Action:
90 4tn A/privilege

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 ANCHOI INCORPORATED	Applicant #2	<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> PD # 728-001 NOV 30 2017 Rec'd by Portland Liquor Licenses </div>	
Applicant #3	Applicant #4		
2. Trade Name of the Business (the name customers will see): ANCHOI			
3. Business Location: Number and Street 635 SW COLLEGE ST.			
City PORTLAND	County MULTNOMAH	ZIP 97201	
4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route 635 SW COLLEGE ST.			
City PORTLAND	State OR	ZIP 97201	
6. Phone Number of the Business Location: 503-761-2224			
7. Contact Person for this Application:			
Name THERESE TRAN		Phone Number 503-761-2224	
Mailing Address, City, State, ZIP 11416 SE PHEASANT RIDGE DR., HAPPY VALLEY, OR 97086			
Email theresetrans728@gmail.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 <u>[Signature]</u> ANCHOI		Signature of Applicant #2	
Signature of Applicant #3		Signature of Applicant #4	

RECEIVED
NOV 14 2017



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Anchoi Incorporated
~~THERESE TRAN~~ Phone: 503-761-2224

Trade Name (dba): ANCHOI

Business Location Address: 635 SW COLLEGE ST.

City: PORTLAND ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours:
Sunday _____ to _____
Monday 9AM to 10PM
Tuesday 9AM to 10PM
Wednesday 9AM to 10PM
Thursday 9AM to 10PM
Friday 9AM to 10PM
Saturday 9AM to 10PM

Outdoor Area Hours:
Sunday _____ to _____
Monday 9AM to 10PM
Tuesday 9AM to 10PM
Wednesday 9AM to 10PM
Thursday 9AM to 10PM
Friday 9AM to 10PM
Saturday 9AM to 10PM

The outdoor area is used for:
 Food service Hours: 9AM to 10PM
 Alcohol service Hours: 10:45AM to 10PM
 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 _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: 60 Outdoor: n/a
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: 60+ future outdoor

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: 11/09/2017



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: ANCHOI INCORPORATED Year Incorporated: 2017

Trade Name (dba): ANCHOI

Business Location Address: 635 SW COLLEGE ST.

City: PORTLAND ZIP Code: 97201

List Corporate Officers:

<u>THERESE TRAN</u> (name)	<u>PRESIDENT</u> (title)
_____	_____
_____	_____
_____	_____

List Board of Directors:

<u>THERESE TRAN</u> (name)
<u>CATHY PHAM</u>

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.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:			
<u>THERESE TRAN</u>	<u>50</u>	<table border="1"> <tr><td>Issued: <u>100</u></td></tr> <tr><td>Unissued: _____</td></tr> <tr><td>Total Shares Authorized to Issue: <u>100</u></td></tr> </table>	Issued: <u>100</u>	Unissued: _____	Total Shares Authorized to Issue: <u>100</u>
Issued: <u>100</u>					
Unissued: _____					
Total Shares Authorized to Issue: <u>100</u>					
<u>CATHY PHAM</u>	<u>50</u>				
_____	_____				

Server Education Designee: THERESE TRAN **DOB:** 06/18/1972
(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: **President** **Date:** 11/09/2017
(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: ANCHOI INCORPORATED
DBA OR TRADE NAME: ANCHOI PHONE: 503-227-0086 FAX: N/A
BUSINESS ADDRESS (Including ZIP Code): 635 SW COLLEGE ST. PORTLAND 97201
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET
CONTACT PERSON: THERESE TRAN PHONE: 503-761-2224 EMAIL: anchoipdx@gmail.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: ~ 2000 sqft
EXISTING BUILDING: Yes No
ZONING: ATTACHED
STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 60 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: POSSIBLY 20+

DESCRIBE SECURITY: N/A

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: 9 am CLOSE: 10 pm FRIDAY & SATURDAY OPEN: 9 am CLOSE: 10 pm
HOW LATE WILL THERE BE OUTSIDE SEATING? to 10 pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: PHO THANH LONG
NAME & ADDRESS OF PROPERTY OWNER: THE FLATS, LLC 4126 SW 48th PL

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
N/A

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

SIGNATURE: [Signature] DATE: 11-26-2017

Property Search

Owner Name: THE FLATS LLC % NUDELI

Site Address: 635 SW COLLEGE ST

State ID: 1S1E04DA 4900

Account #: R246365

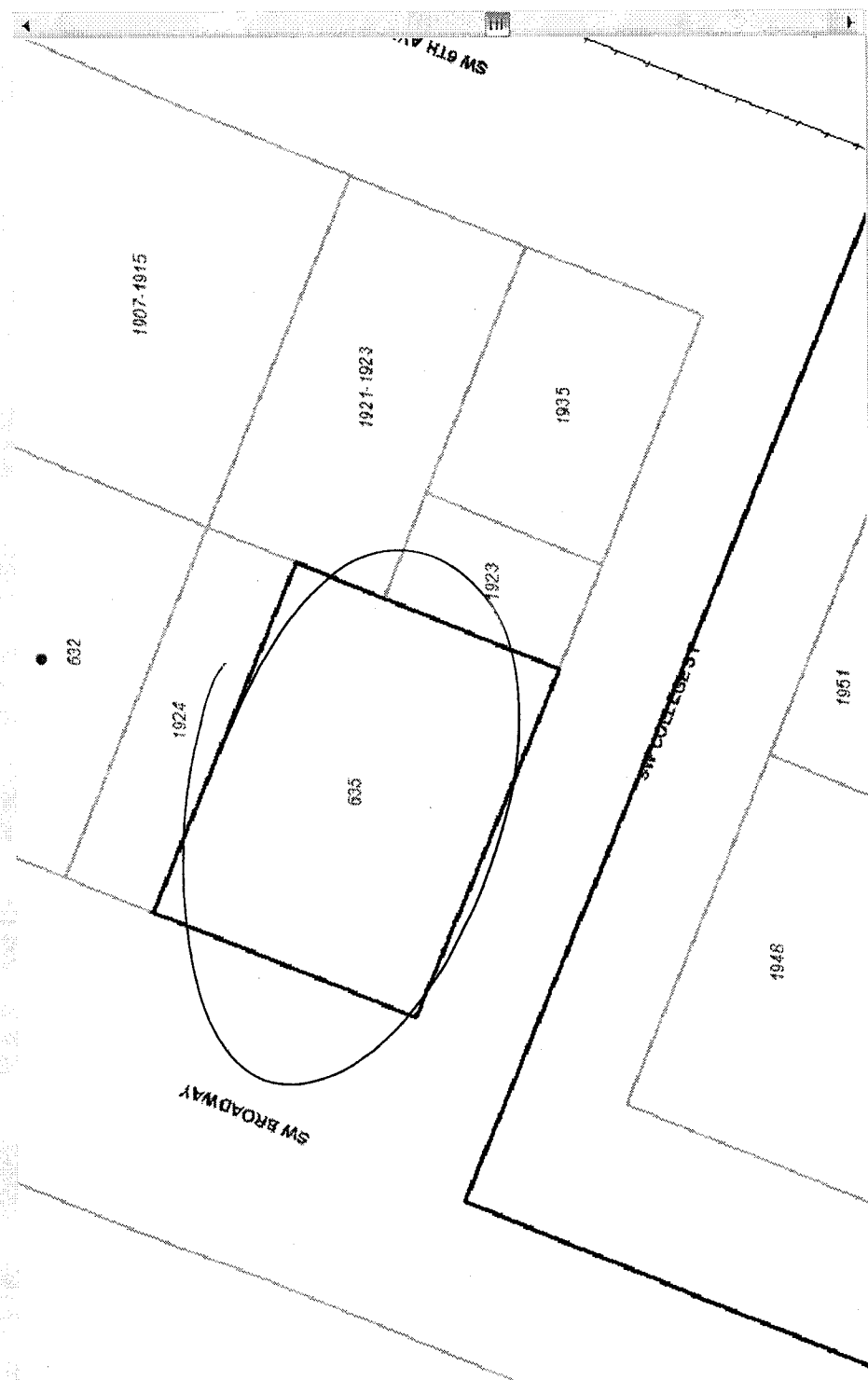
Geocode Address When Taxlot Not
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window

Navigate Query Re: [Home] [Back] [Forward] [Refresh]

Owner: THE FLATS LLC 635 SW CO... 1S1E

Site Address: 1900 SW 4th Ave, Suite 5000
Portland, OR 97201

Search Legend Add Data Sel



Taxlot Details

Lot Size: 7500 sqft | Building Size: 2640 sqft | Map Number: 3228 | Zoning Code(s): CXd

Legal Description: PORTLAND, BLOCK 192, LOT 5, S 1/2 OF LOT 6

Mailino Information: THE FLATS LLC % NUDELMAN-AVREL

1/4 Section | Tax Map | Zoning Map
 Plan District: CENTRAL CITY | LUR Case Histo (3 Cases): CU 098-79
 Subdistrict: UNIVERSITY DIST | CU 145-86
 Subarea: | DZ 60-74

Draw LURs | LUR

Conservation District: | Jurisdiction: Portland
 NRMMP:

retail sales at service use is allowed,
Andrew Gulizia, City Planner (503)823-7010
1/28/17
AG