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OREGON LIQUOR CONTROL COMMISSION

# LIQUOR LICENSE APPLICATION

**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

### CITY AND COUNTY USE ONLY

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

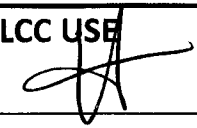
Name of City or County \_\_\_\_\_

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

By \_\_\_\_\_

Date \_\_\_\_\_

**OLCC USE**

Application received by 

Date 11-11-17

License Action:

N/O

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

Applicant #1

**Inn Ventures IVI LP**

Applicant #2

Rec'd by Portland  
Liquor Licenses

Applicant #3

Applicant #4

**DEC -1 2017**  
PD ck \$100  
# 10681

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

**Fairfield Inn & Suites Portland North Harbour**

### 3. Business Location: Number and Street **1200 N Anchor**

City **Portland**

County **Multnomah**

ZIP **97217**

### 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 **P.O. Box 58990**

City **Seattle**

State **WA**

ZIP **98138**

### 6. Phone Number of the Business Location: **503-286-6336**

### 7. Contact Person for this Application:

Name **Dan Kramer**

Phone Number **415-795-2327**

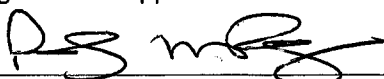
Mailing Address, City, State, ZIP

**633 Battery St., Suite 110, San Francisco, CA 94111**

Email **dan@djklawgroup.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



Signature of Applicant #2

**RECEIVED**

Signature of Applicant #3

Signature of Applicant #4

**OCT 30 2017**

Initials: \_\_\_\_\_



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Inn Ventures IVI LP Phone: 503-286-6336

Trade Name (dba): Fairfield Inn & Suites Portland North Harbour

Business Location Address: 1200 N. Anchor Way

City: Portland ZIP Code: 97217

### DAYS AND HOURS OF OPERATION

Business Hours: 24 HOUR

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)

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	<u>None</u>	to	_____
Monday	<u>None</u>	to	_____
Tuesday	<u>None</u>	to	_____
Wednesday	<u>None</u>	to	_____
Thursday	<u>None</u>	to	_____
Friday	<u>None</u>	to	_____
Saturday	<u>None</u>	to	_____

### SEATING COUNT

Restaurant: 48 Outdoor: \_\_\_\_\_  
 Lounge: \_\_\_\_\_ Other (explain): lobby 8 seats  
 Banquet: \_\_\_\_\_ Total Seating: 56

**OLCC USE ONLY**  
 Investigator Verified Sealing: \_\_\_\_\_(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: 10/23/17



OREGON LIQUOR CONTROL COMMISSION  
**LIMITED PARTNERSHIP QUESTIONNAIRE**

915459-97

Please Print or Type

Partnership Name: Inn Ventures IVI LP Year Filed: 1/31/2013 ✓

Trade Name (dba): Fairfield Inn & Suites Portland North Harbour

Business Location Address: 1200 N Anchor Way

City: Portland ZIP Code: 97217

**List Partners:**


**Indicate if General Partner or Limited Partner:**

- |  |                        |
|--|------------------------|
| 1. <u>Inn Ventures GP LLC (0.1%)</u>             | <u>General Partner</u> |
| 2. <u>Castle Management Borrower LLC (99.9%)</u> | <u>Limited Partner</u> |
| 3. _____   | _____                  |
| 4. _____   | _____                  |
| 5. _____   | _____                  |
| 6. _____   | _____                  |

(Note: If any partner is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire.)

Server Education Designee: Spring Untalan DOB: 1/10/70

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

Partner Signature:  Authorized Date: 10/23/17  
(name) Randy Rogers (title) Signatory



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: InnVentures GP LLC Year Filed: 7/29/2014

Trade Name (dba): Fairfield Inn & Suites Portland North Harbour

Business Location Address: 1200 N Anchor Way

City: Portland ZIP Code: 97217

List Members of LLC:


Percentage of Membership Interest:

1. <u>Castle Management Borrower LLC</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: Spring Untalan DOB: 1/10/70

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

Signature:  Authorized Signatory Date: 10/23/17  
(name) Randy Rogers (title)

# 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: Inn Ventures IVI LP  
DBA OR TRADE NAME: Fairfield Inn & Suites Portland North PHONE: (503) 286-6336 FAX: \_\_\_\_\_  
BUSINESS ADDRESS (Including ZIP Code): 1200 N Anchor Way, Portland, OR 97217  
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New Outlet  
CONTACT PERSON: Daniel Kramer PHONE: (415) 795-2327 EMAIL: dan@djklawgroup.com

## DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

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

EXISTING BUILDING:  Yes       No

ZONING: \_\_\_\_\_

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: \_\_\_\_\_ LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: \_\_\_\_\_

DESCRIBE SECURITY: \_\_\_\_\_

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? \_\_\_\_\_ HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Fairfield Inn & Suites Portland North Harbour

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): \_\_\_\_\_  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:  Randy Rogers      DATE: October 23 2017

Database Search Panel

Owner Name BRE ROSE PROPERTY OW  
Street Address 1200 N ANCHOR WAY  
State ID IN1E0388 600  
Account # R314318

- Search
- Clear
- Portland Maps
- Geocode Address When Taxlot Not
- Search is Based on Active Field Only
- Hide Personal Property Accounts
- Display Taxlot Detail Window
- Navigate Query Rel

Owner Site Address State

*CM Zone  
Retail Site + Service  
allowed by right*

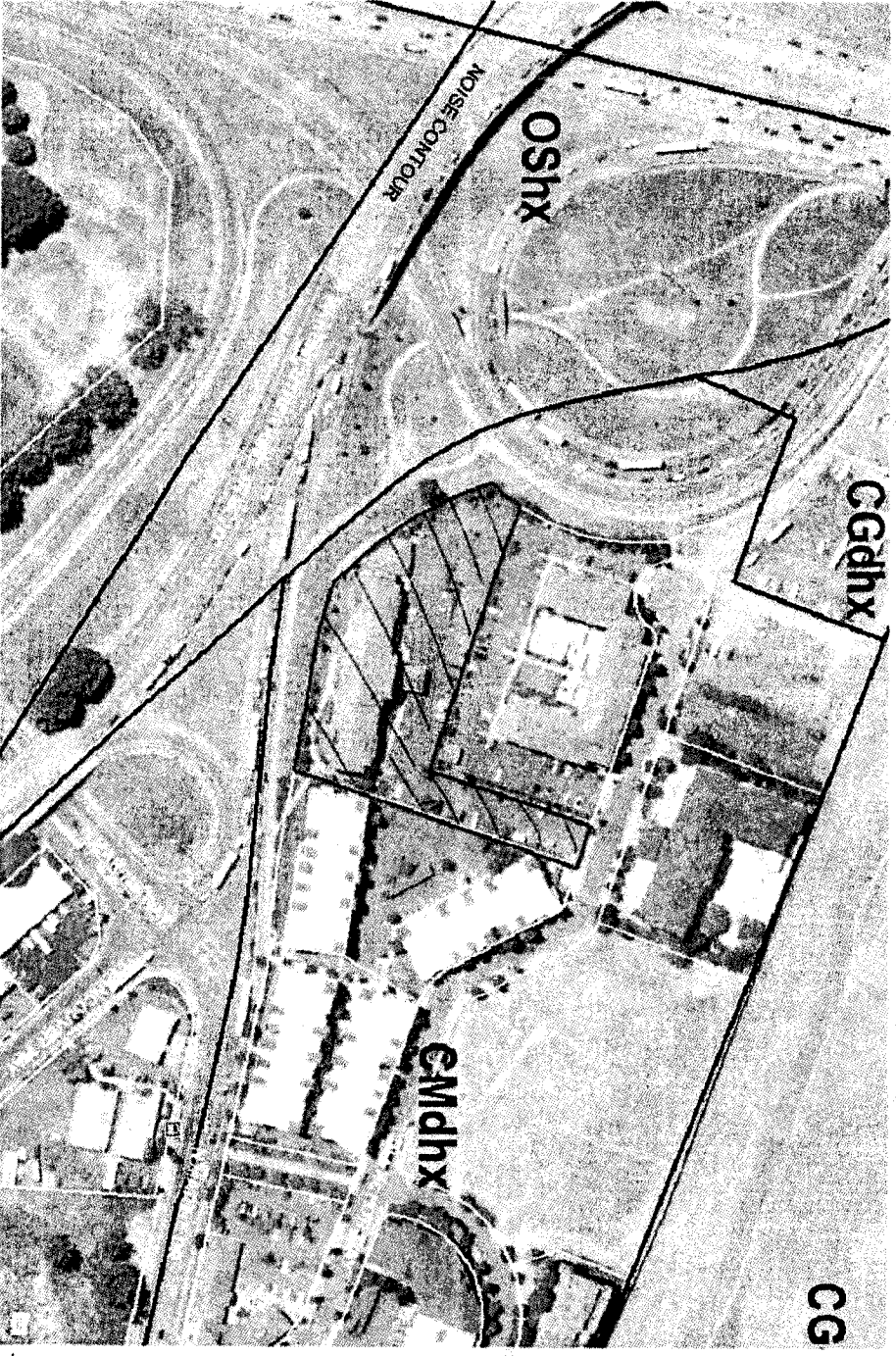
*Typ. Main City Review  
503-823-5002*

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

Search Legend Add Data Sel

BRE Unit ID

Scale: 1" = 203'



**Taxlot Details**

Lot Spec: 81856 sqft  
Building Size: 47070 sqft  
Map Number: 1929  
Zoning Code(s): CMU, h, x

Legal Description: SECTION 03 1N 1E, TL 600  
Lot & Block: TL 600  
Historic District:

600 1.88 ACRES

**Mailing Information:**  
BRE ROSE PROPERTY OWNER LLC  
% WHH LLC AT

Jurisdiction: Portland  
Conservation District:

1/2 Section  
 Tax Map  
 Zoning Map

Plan District: LUR Case Hist (13 Cases)  
06-185571 DZ  
LUR District: LU 02-137489  
Subdistrict: LU 04-7756  
SUNPRA: LU 05-121745

NRMP: Draw LURS  
EAST COLUMBIA NEG  
LUR