



# LIQUOR LICENSE APPLICATION

MO

**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

L249777  
P39909

## 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 11-27-17

License Action:

C/O

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

Rec'd by Portland  
Liquor Licenses

DEC 01 2017

PD 75-12-10  
# CASH

Applicant #1  
**TOP MARKET, LLC**

Applicant #2

Applicant #3

Applicant #4

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

**TOP MARKET**

### 3. Business Location: Number and Street 5287 N. Lombard

City **PORTLAND**

County **MULTNOMAH**

ZIP **97203**

### 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 **5287 N LOMBARD**

City **PORTLAND**

State **OR**

ZIP **97203**

### 6. Phone Number of the Business Location: **503 283 9686**

### 7. Contact Person for this Application:

Name **TRUNG THONG HA**

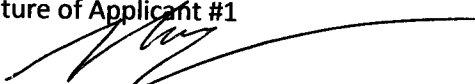
Phone Number **503 927 8929**

Mailing Address, City, State, ZIP  
**5287 N LOMBARD PORTLAND OR 97203**

Email **LUCKYBO91@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



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: TOP MARKET LLC Phone: 503-283-9686

Trade Name (dba): TOP MARKET

Business Location Address: 5287 N Lombard st

City: Portland ZIP Code: 97203

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday 10:00 to 10:30 PM  
 Monday 10:00 to 10:30 PM  
 Tuesday 10:00 to 10:30 PM  
 Wednesday 10:00 to 10:30 PM  
 Thursday 10:00 to 10:30 PM  
 Friday 10:00 to 10:30 PM  
 Saturday 10:00 to 10:30 PM

#### 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  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: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

**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: Nov - 22 - 2017



OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE

1367013-98

Please Print or Type

LLC Name: TOP MARKET, LLC Year Filed: 2017 ✓

Trade Name (dba): TOP MARKET

Business Location Address: 528 N LOMBARD ST

City: PORTLAND ZIP Code: 97203

List Members of LLC:

Percentage of Membership Interest:

- 1. TRUNG THONG HA  
(managing member)
- 2. \_\_\_\_\_  
(members)
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

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: TRUNG THONG HA DOB: 11/18/1991

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

Signature: [Handwritten Signature] Date: 11/10/2017  
(name) TRUNG THONG HA (title) Managing member

# 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: TOP MARKET LLC

DBA OR TRADE NAME: TOP MARKET PHONE: (503)283-9686 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 5287 N LOMBARD ST 97203

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): CHANGE OF OWNER

CONTACT PERSON: TRUNG THONG HA PHONE: (503)927-8929 EMAIL: LUCKYBO91@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

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: 10:00 AM CLOSE: 10:30 PM FRIDAY & SATURDAY OPEN: 10:00 AM CLOSE: 10:30 PM

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

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: TOP MARKET

NAME & ADDRESS OF PROPERTY OWNER: TAN QUOC DANG - 15202 SE JOHN ASHLEY DR 97203

## 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

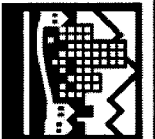
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: \_\_\_\_\_ DATE: 11/28/2017



# City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue · Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds



## ZONING VERIFICATION

Address: 5287 N LOMBARD ST

R#: R248748

State ID: 1N1E07DA 6800

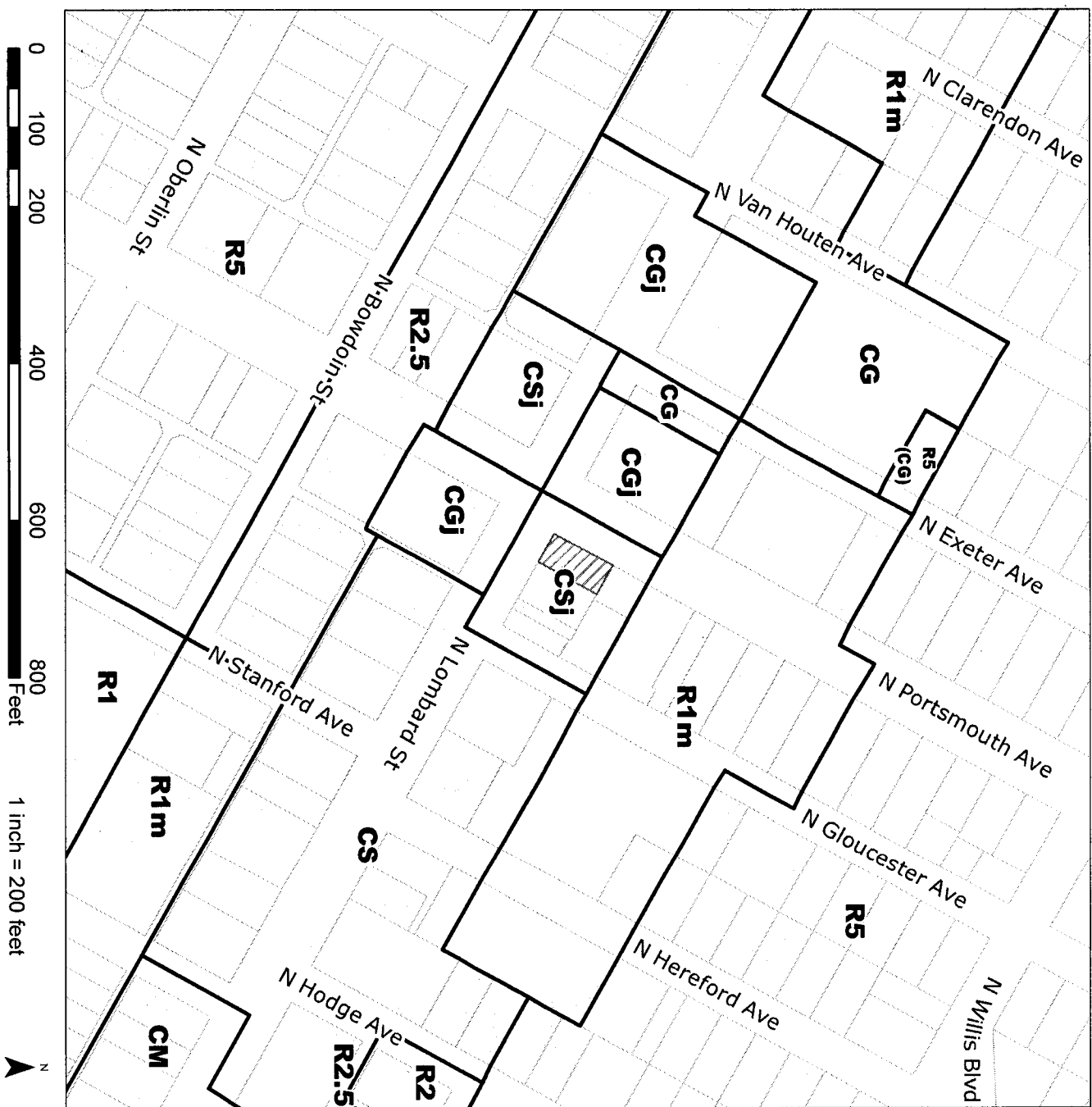
Zone: CSJ

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CSJ zone

### Additional Comments:

Convenience Store open less than 15 hours per day.



**Douglas Strickler**

Name of City Official

**City Planner**

Title

**503-823-7919**

Contact Number

*Douglas Strickler*  
Signature of Official

**12 / 1 / 2017**

Date