



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

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 12-7-17

License Action: n/o

Rec'd by Portland
Liquor Licenses
DEC 21 2017
PD # 100
609

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

Applicant #1 <u>The Make House Bar LLC</u> <u>Michael Calhoun</u>	Applicant #2 <u>MARY B. JACOBSON</u>
Applicant #3	Applicant #4

2. Trade Name of the Business (the name customers will see):
The Make House

3. Business Location: Number and Street 1732 NE Alberta St

City <u>Portland</u>	County <u>Multnomah</u>	ZIP <u>97211</u>
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4. Is the business at this location currently licensed by the OLCC? Yes No

5. Mailing Address (where the OLCC will send your mail):

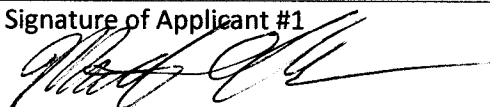
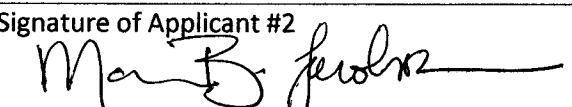
PO Box, Number, Street, Rural Route	<u>1732 NE Alberta</u>
City	<u>Portland</u>
State	<u>OR</u>
ZIP	<u>97211</u>

6. Phone Number of the Business Location: 1732 NE Alberta St 503-735-5659

7. Contact Person for this Application:

Name <u>Michael Calhoun</u>	Phone Number <u>(503) 735-5659</u>
Mailing Address, City, State, ZIP <u>5301 NE 13th Ave, Portland, OR, 97211</u>	
Email <u>michael@norjack.com</u>	

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 22 2017



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

The Make House Bar LLC

Applicant Name: Michael Calhoun & Mary B. Jacobson Phone: (503) 735-5659

Trade Name (dba): The Make House

Business Location Address: 1732 NE Alberta St

City: Portland

ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12 PM to 8 PM
Monday - to -
Tuesday - to -
Wednesday 12 PM to 8 PM
Thursday 12 PM to 8 PM
Friday 12 PM to 8 PM
Saturday 12 PM to 8 PM

Outdoor Area Hours:

Sunday 12 PM to 8 PM
Monday - to -
Tuesday - to -
Wednesday 12 PM to 8 PM
Thursday 12 PM to 8 PM
Friday 12 PM to 8 PM
Saturday 12 PM to 8 PM

The outdoor area is used for:

- Food service
Alcohol service Hours: 12 PM to 8 PM
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Outdoor open

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 6 PM to 8 PM
Monday - to -
Tuesday - to -
Wednesday - to -
Thursday - to -
Friday 6 PM to 8 PM
Saturday 6 PM to 8 PM

SEATING COUNT

Restaurant: Outdoor: 12
Lounge: 20 Other (explain):
Banquet: Total Seating: 32

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: Mary B. Jacobson Date: 11/18/17

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1384296-91

Please Print or Type

LLC Name: The Make House Bar LLC Year Filed: 2017 ✓

Trade Name (dba): The Make House

Business Location Address: 1732 NE Alberta St

City: Portland ZIP Code: 97211

List Members of LLC:

Percentage of Membership Interest:

1. Michael Calhoun
(managing member)

50%

2. Mari Jacobson
(members)

50%

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: Michael Calhoun DOB: 2/20/90

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

Signature: [Signature] Date: 11/22/17
(name) (title) (owner)

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: The Make House Bar LLC

DBA OR TRADE NAME: The Make House PHONE: 503 735 5659 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1732 NE Alberta

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New outlet/ Beer & Wine

CONTACT PERSON: Michael Calhoun PHONE: 503 735 5659 EMAIL: norjack-cs@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: retail/cafe

SIZE OF SERVICE AREA: 285 sq ft indoor 600 sq ft outside

EXISTING BUILDING: Yes No

ZONING: CS - storefront Commercial

STRUCTURAL CHANGES (DESCRIBE): ~~XXXXXXXXXX~~

RESTAURANT SEATING CAPACITY: LOUNGE SEATING CAPACITY: 20 OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: Door security for events

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: 12 PM CLOSE: 8 PM FRIDAY & SATURDAY OPEN: 12 PM CLOSE: 8 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? 8 PM HOW LATE WILL THERE BE ENTERTAINMENT? 8 PM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Rutabega

NAME & ADDRESS OF PROPERTY OWNER: PCR1 inc. 6329 NE ML King Blvd PDX, OR 97211

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

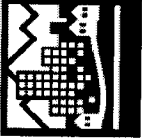
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature] DATE: 12/20/17



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: 1732 NE ALBERTA ST

R#: R295423

State ID: 1N1E23AC 2100

Zone: CSH

Proposed Use: **RETAIL SALES AND SERVICE**

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

Additional Comments:

Retail sales and service allowed in CSH zoning.

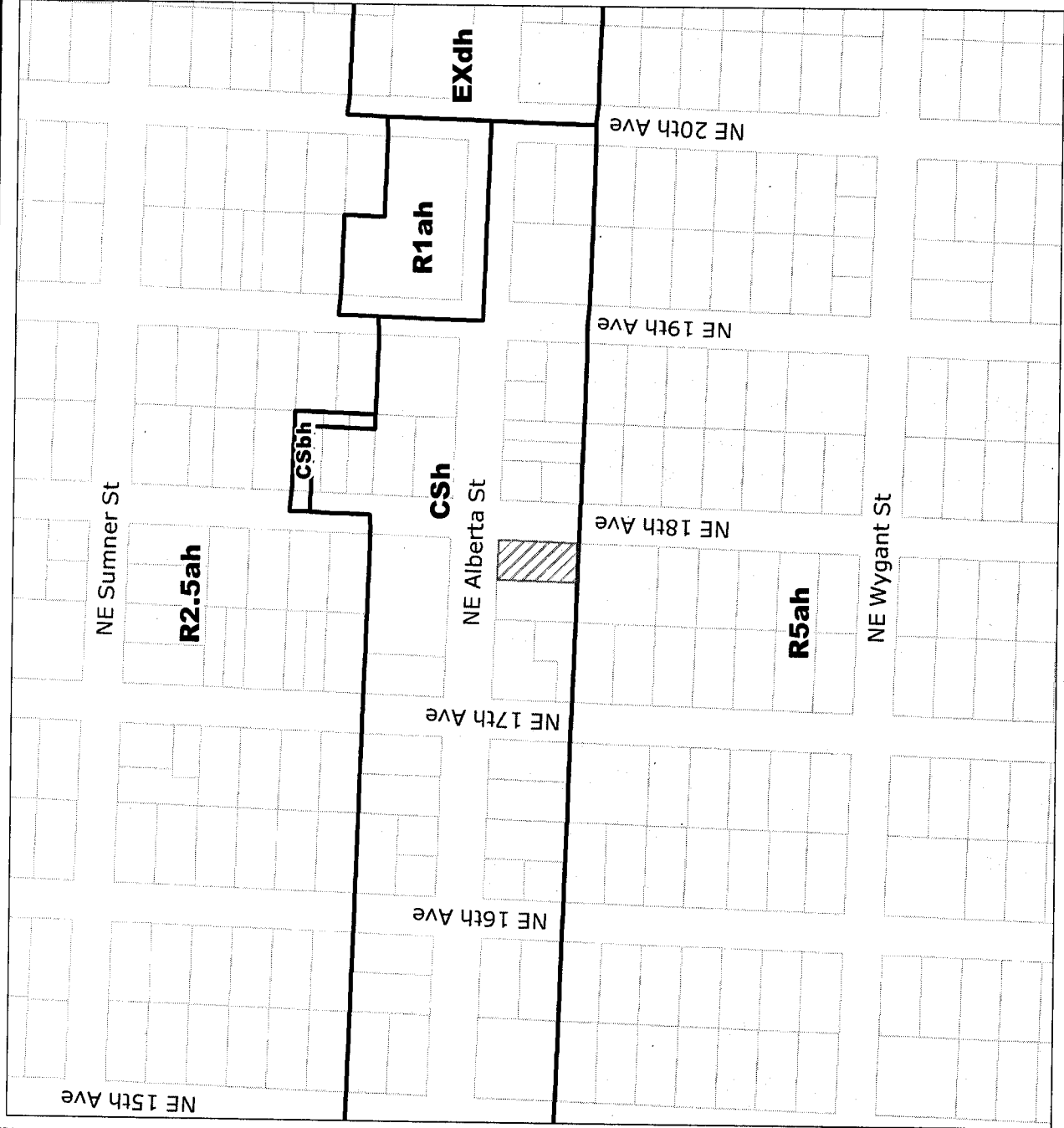
Thomas Soppe
Name of City Official

City Planner
Title

503-823-7908
Contact Number

Thomas Soppe
Signature of Official

12 / 18 / 2017
Date



1 inch = 200 feet

