



# 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

**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 JK

Date 12-18-17

License Action: c/o c/n

Rec'd by Portland  
Liquor Licenses  
DEC 22 2017  
PD # 75  
# 022688

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

Applicant #1 <u>LEULSEGED WOLDETENSAY</u>	Applicant #2
Applicant #3	Applicant #4

**2. Trade Name of the Business (the name customers will see):** VANCOUVER STREET MARKET

**3. Business Location: Number and Street** 5416 N VANCOUVER AVE  
 City PORTLAND OREGON County MULTNOMAH ZIP 97217

**4. Is the business at this location currently licensed by the OLCC?**  Yes  No P# 55407 L# 249497

**5. Mailing Address (where the OLCC will send your mail):** 5416 N VANCOUVER AVE  
 PO Box, Number, Street, Rural Route  
 City Portland State OR ZIP 97217

**6. Phone Number of the Business Location:** 503-281-0526

**7. Contact Person for this Application:**  
 Name LEULSEGED WOLDETENSAY Phone Number 503-750-0919  
 Mailing Address, City, State, ZIP  
0650 SW Lowell ST APT # 537 Portland OR 97239  
 Email Lwoldetensay@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>	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

RECEIVED  
DEC 18 2017



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Leuseged Woldetensay Phone: 503-750-0919 <sup>281-0526</sup>

Trade Name (dba): Vancouver Street Market

Business Location Address: 5416 N VANCOUVER AVE

City: Portland OR ZIP Code: 97217

**DAYS AND HOURS OF OPERATION**

Business Hours:

Sunday 9 AM to 9 PM  
Monday 7 AM to 10 PM  
Tuesday 7 AM to 10 PM  
Wednesday 7 AM to 10 PM  
Thursday 7 AM to 10 PM  
Friday 7 AM to 10 PM  
Saturday 8 AM to 10 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
- 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 \_\_\_\_\_ 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: 12/8/17

# 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: Vancouver Street Market

DBA OR TRADE NAME: Vancouver Street Market PHONE: 503-281-0526 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 5416 N Vancouver St Ave Portland OR 97217

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

CONTACT PERSON: Leu Segea (Leu) PHONE: 503-750-0919 EMAIL: Lwoidefensay@gmail.com

### DESCRIPTION OF OUTLET

#### TYPE OF OPERATION (CHECK ALL THAT APPLY)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Food Cart                    | <input type="checkbox"/> Night Club   |
| <input type="checkbox"/> Restaurant                   | <input type="checkbox"/> Sports Bar   |
| <input checked="" type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: 860 Sqft

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: TNT Market

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

### ENTERTAINMENT

#### TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Dancing                       | <input type="checkbox"/> Video Poker              | <input type="checkbox"/> Live Music     | <input type="checkbox"/> Nude Dancers     |
| <input type="checkbox"/> Karaoke                       | <input type="checkbox"/> Video Games/Pinball      | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: 12/21/17



# 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: 5416 N VANCOUVER AVE

R#: R297884

State ID: 1N1E22AB 800

Zone: CS, R1A

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is a LIMITED use in the CS, R1A zone

### Additional Comments:

Split zoned site. Building is in the CS-Commercial Storefront zone. Retail Sales and Service allowed by right up to 15 hours per day. (33.130.100 and 33.930)

**Tammy Boren-King**

Name of City Official

**City Planner**

Title

**503-823-5765**

Contact Number

*Tammy Boren-King*  
Signature of Official

**12 / 22 / 2017**

Date

