



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 *2nd location*

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 12-27-17

License Action:

2nd Location

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

Applicant #1

Daedalus Cellars Co.

Applicant #2

Applicant #3

Applicant #4

Rec'd by Portland
Liquor Licenses

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

Willful Wine

JAN 05 2018

3. Business Location: Number and Street

City Portland

County Multnomah

PD 100⁰⁰ JW
#cash

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 1212 SE 95th

City Vancouver

State WA

ZIP 98664

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name Judy Parker

Phone Number 503-862-8583

Mailing Address, City, State, ZIP

PO Box 6555, Portland, OR 97228

Email *judy@winemakerslawyer.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]

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4

RECEIVED

DEC 28 2017



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Daedalus Cellars Co. Phone: 503-577-8982

Trade Name (dba): Willful Wine

Business Location Address: 2211 SE Ochoco St

City: Portland ZIP Code: 97222

DAYS AND HOURS OF OPERATION

Business Hours:

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: NA 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: No tastings by Willful Wine except w/ other per mission

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: John attorney Date: 1-5-18



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: Daedalus Cellars Co. Year Incorporated: 023287-97
Trade Name (dba): Willal Wine
Business Location Address: 2211 SE Ochoco
City: Portland ZIP Code: 97222

List Corporate Officers:

(name) Pamela Walden (title) President & Secretary

List Board of Directors:

N/A

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.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>Pamela Walden</u>	<u>100 000</u>	Issued: <u>100 000</u>
		Unissued: <u>0</u>
		Total Shares Authorized to Issue: <u>100 000</u>

Server Education Designee: Pamela Walden DOB: 6-24-68
(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: [Signature] (name) owner/president (title) Date: 12-21-17

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: Daedalus Cellars Co.

DBA OR TRADE NAME: Willful Wine PHONE: 503-577-8982 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 2211 SE Ochoco, Portland, OR 97222

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

CONTACT PERSON: Judy Parker PHONE: 503-862-8583 EMAIL: judy@winemakerslawyer.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 13,200 sq

EXISTING BUILDING: Yes No

ZONING: EG2

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: roll up man doors have locks; fenced parking lot

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: N/A CLOSE: N/A FRIDAY & SATURDAY OPEN: N/A CLOSE: N/A

HOW LATE WILL THERE BE OUTSIDE SEATING? NA HOW LATE WILL THERE BE ENTERTAINMENT? NA

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: unknown

NAME & ADDRESS OF PROPERTY OWNER: Ochomer LLC

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- Dancing Video Poker NA 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

Winery 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: 2211-2221 SE OCHOCO ST

R#: R268185

State ID: 1S1E26AA 900

Zone: EG2c, EG2p, EG2
Plan District: JOHNSON CREEK BASIN,
FLOOD PLAIN

Proposed Use: MANUFACTURING
AND PRODUCTION

MANUFACTURING AND PRODUCTION is
an ALLOWED use in the
EG2c, EG2p, EG2 zone

Additional Comments:

Per 33.140.100 and Table 140-1,
Manufacturing and Production Use is
allowed by right.

Jamie Ostenson
Name of City Official

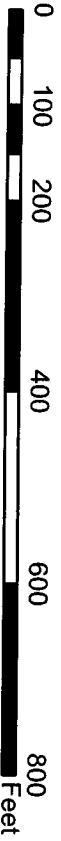
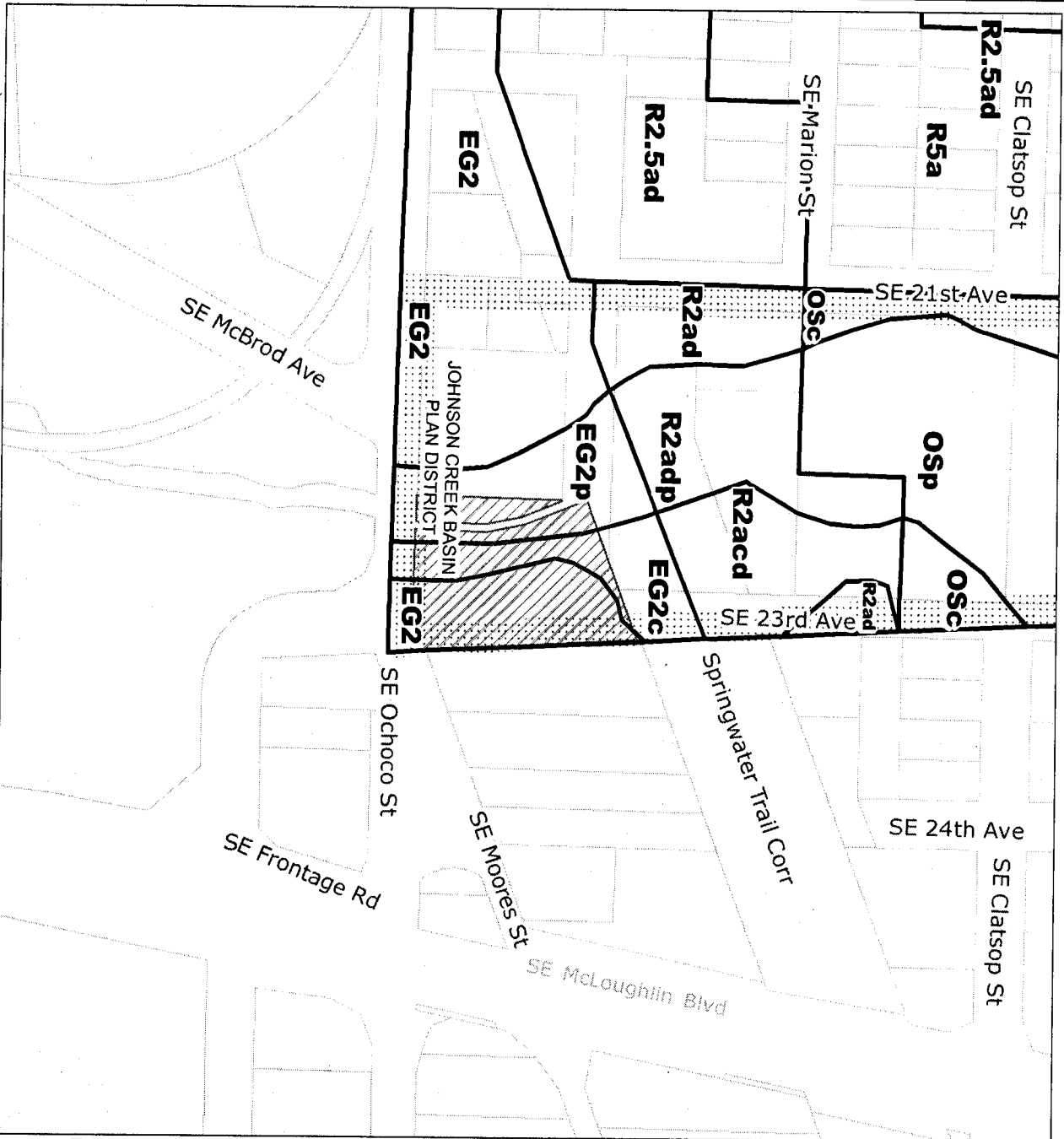
City Planner
Title

503-823-4987
Contact Number

Contact Number

Signature of Official

1 / **5** / **2018**
Date



1 inch = 200 feet

