



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 Paty Rhode *Rec'd by Portland Liquor Licenses 19 JW*

Date 1-05-18 *JAN 16 2018*

License Action: C/O, C/TN *PD 7502 # 1001*

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

Applicant #1

Original Package LLC

Applicant #2

Applicant #3

Applicant #4

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

Original Package *GW*

3. Business Location: Number and Street 550 Washington St

City Portland

County Multnomah

ZIP 97204

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 550 Washington St

City Portland

State Or

ZIP 97204

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name Jennifer Quist

Phone Number 503-410-6145

Mailing Address, City, State, ZIP

550 Washington St, Portland, Or 97204

Email Jenniferquist@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

DEC 12 2017



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Original Package, LLC Phone: 513-227-2791

Trade Name (dba): [Handwritten]

Business Location Address: 550 SW Washington Street

City: Portland ZIP Code: 97204

DAYS AND HOURS OF OPERATION

Table with columns for Business Hours and days of the week (Sunday to Saturday). Handwritten hours are provided for each day.

Table with columns for Outdoor Area Hours and days of the week. Handwritten 'n/a' is provided for all days.

The outdoor area is used for: [Handwritten]
Food service Hours: [Handwritten]
Alcohol service Hours: [Handwritten]
Enclosed, how [Handwritten]
The exterior area is adequately viewed and/or supervised by Service Permittees.
(Investigator's Initials)

Seasonal Variations: [] Yes [X] No If yes, explain:

ENTERTAINMENT

Check all that apply: N/A

- List of entertainment options: 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

Table for Live or DJ Music hours by day. Handwritten 'N/A' is provided for all days.

SEATING COUNT

Restaurant: [] Outdoor: [] N/A
Lounge: [] Other (explain): []
Banquet: [] Total Seating: []

OLCC USE ONLY
Investigator Verified Seating: (M) [X] (N)
Investigator Initials: [Handwritten]
Date: 1-05-18

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

Applicant Signature: [Handwritten] Date: 12-19-17

1-800-452-OLCC (6522)
www.oregon.gov/olcc

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1389145-93

Please Print or Type

LLC Name: Original Package LLC Year Filed: 2017

Trade Name (dba): Original Package

Business Location Address: 550 Washington St

City: Portland ZIP Code: 97204

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|---------------|
| 1. <u>Jennifer Quist</u>
(managing member) | <u>37.0 %</u> |
| 2. <u>William Oben</u>
(members) | <u>33.0 %</u> |
| 3. <u>Jason Zidell</u> | <u>20.0%</u> |
| 4. <u>James Quist</u> | <u>10.0%</u> |
| 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: Jennifer Quist DOB: 11-17-76

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

Signature: Jennifer Quist (name) _____ (title) _____ Date: 12-19-17

1-800-452-OLCC (6522)
www.olcc.state.or.us

(rev.)

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: Original Package, LLC

DBA OR TRADE NAME: _____ PHONE: 503-227-2991 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 550 SW Washington Street

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

CONTACT PERSON: Jennifer Quist PHONE: 503-410-6145 EMAIL: jenniferquist@original.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 checked="" type="checkbox"/> Other: <u>Liquor Store</u> |

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: 11am CLOSE: 7pm FRIDAY & SATURDAY OPEN: 11am CLOSE: 8pm

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Rose Town Beverage

NAME & ADDRESS OF PROPERTY OWNER: Kym Swindnes

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: 1.11.19

550 SW Washington Street is zoned "CX" Central Commercial with the "d" Design Overlay zone and is located within the Central City Plan District, Downtown. Retail sales and service uses are allowed in the CX zone. Brandon Rogers, City Planner, City of Portland Oregon 01/19/18 503-823-7300

BR

MapWorks - (Vegetable)BDS\MapWorks_ArcMap_Config\MXD\mapworks_lus.mxd

File Edit View Drawing Help

Property Search

Owner Name MULTNOMAH COUNTY(LEZ)
 Site Address 511 SW WASHINGTON ST
 State ID 1N1E3ACC 4100
 Account # R566916

Search Clear PortlandMaps

Geocode Address When Taxlot Not
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window

Navigate Query Re Start

Owner Site Address Start
 MULTNOMAH 421 SW 5TH... 1N1E

X = SITE

Scale 1 inch = 159 feet
 2:19 PM
 1/19/2018

Taxlot Details

Lot Size:	Building Size:	Map Number:	Zoning Code(s):
		3029	CXd
Legal Description:	Lot & Block:	Historic District:	
PORTLAND, BLOCK 175, LOT 384, OTHER IMPS	175		
Planning Information:	Conservation District:	Jurisdiction:	
MULTNOMAH COUNTY(LEASED KARL J KLEIN INC		Portland	

Section

Plan District:	LUR Case HREQ (10 Cases)
CENTRAL CITY	DZ 113-84
SUBMARKET:	DZ 15-85
DOWNTOWN	DZ 16-85
Subareas:	DZ 56-87
NRHP:	<input type="checkbox"/> Draw LURS
	<input type="checkbox"/> LUR

Tax Map **Zoning Map**

Bureau of Development Services
 Land Use Review
 1900 SW 4th Ave. Suite 5000
 Portland, OR 97201