



OREGON LIQUOR CONTROL COMMISSION

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: <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input type="checkbox"/> Full On-Premises, Commercial <input type="checkbox"/> Full On-Premises, Caterer <input type="checkbox"/> Full On-Premises, Passenger Carrier <input type="checkbox"/> Full On-Premises, Other Public Location <input type="checkbox"/> Full On-Premises, Nonprofit Private Club <input type="checkbox"/> Full On-Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input checked="" type="checkbox"/> Limited On-Premises <input type="checkbox"/> Off-Premises <input type="checkbox"/> Off-Premises with Fuel Pumps <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW) <input type="checkbox"/> 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 <u>[Signature]</u> Date <u>1-16-18</u> License Action: <u>n/o</u> Rec'd by Portland Liquor Licenses JAN 22 2018 PD 1620 02 3 # 1498

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 Compass Group USA, Inc.	Applicant #2	Applicant #3	Applicant #4
2. Trade Name of the Business (the name customers will see): Versa Cafe and Vikings Pavilion			
3. Business Location: Number and Street 930 SW Hall Street			
City Portland	County Multnomah	ZIP 97201	
4. Is the business at this location currently licensed by the OLCC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route 2400 Yorkmont Road			
City Charlotte	State NC	ZIP 28218	
6. Phone Number of the Business Location: TBD			
7. Contact Person for this Application:			
Name Duke Tufty		Phone Number 503-718-2310	
Mailing Address, City, State, ZIP			
7521 NE Sandy Blvd., Portland, OR 97213			
Email duke@nwalcoholaw.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

OLCC Liquor License Application (Revision 2017)

Initials: [Signature]
Oregon Liquor Control Commission



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: Compass Group USA, Inc. Phone: TBD

Trade Name (dba): Versa Cafe / Vikings Pavilion

Business Location Address: 930 SW Hall Street

City: Portland ZIP Code: 97201

DAYS AND HOURS OF OPERATION

Business Hours: *

Sunday _____ to _____
 Monday 10am to 7pm
 Tuesday 10am to 7pm
 Wednesday 10am to 7pm
 Thursday 10am to 7pm
 Friday 10am to 7pm
 Saturday _____ to _____

Outdoor Area Hours: N/A

Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

The outdoor area is used for: N/A

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)

*The Vikings Pavilion will be operated for certain games and events depending on the schedule.

Seasonal Variations: Yes No If yes, explain: Potential closures when school is not in session.

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

N/A
 Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 22 Outdoor: _____
 Lounge: _____ Other (explain): ~3,700 (Auditorium Seating)
 Banquet: _____ Total Seating: ~3,722

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: *Joseph McCall* Date: 1/9/18

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

(rev. 12/07)



**OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE**

Please Print or Type

Corporation Name: Compass Group USA, Inc. Year Incorporated: 1994

Trade Name (dba): Versa Cafe and Vikings Pavilion

Business Location Address: 930 SW Hall Street

City: Portland ZIP Code: 97201

List Corporate Officers:

<u>Adrian Meredith</u> (name)	<u>President & CFO</u> (title)
<u>C. Palmer Brown</u>	<u>EVP</u>
<u>Jennifer Lee McConnell</u>	<u>EVP, GC & Secretary</u>

List Board of Directors:

Adrian Meredith & C. Palmer Brown
(name)

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.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	<u>Number of Stock Shares:</u>
<u>Compass Group USA Investments Inc.</u>	<u>81,574</u>	<u>Issued: 81,574</u>
_____	_____	<u>Unissued: 498,426</u>
_____	_____	<u>Total Shares Authorized to Issue: 580,000</u>
_____	_____	

Server Education Designee: Jason Boss DOB: 9/22/73
(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] Ex. VP & Secretary Date: 1/2/18
(name) (title)



**OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE**

Please Print or Type

Corporation Name: Compass Group USA Investments Inc. Year Incorporated: 2 00 5

Trade Name (dba): Versa Cafe and Vikings Pavilion

Business Location Address: 930 SW Hall Street

City: Portland ZIP Code: 97201

List Corporate Officers:

<u>Gary R. Green</u> (name)	<u>President & CEO</u> (title)
<u>C. Palmer Brown</u>	<u>EVP</u>
<u>Jennifer Lee McConnell</u>	<u>EVP, GC & Secretary</u>
<u>Adrian Meredith</u>	<u>CFO</u>

List Board of Directors:

Adrian Meredith & C. Palmer Brown
(name)

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.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
<u>Compass Group Holdings PLC</u>	<u>83,919</u>	Issued: <u>83,919</u> Unissued: <u>116,081</u> Total Shares Authorized to Issue: <u>200,000</u>
_____	_____	
_____	_____	

Server Education Designee: N/A DOB: N/A
(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: Ex. VP + Secretary Date: 1/2/18
(name) (title)

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Mike Boyer, Office of Neighborhood Involvement, 1221 SW 4th Avenue, Suite #110, Portland OR 97204 - (503) 823-3092

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: Compass Group USA, Inc.

DBA OR TRADE NAME: Versa Cafe and Vikings Pavilion PHONE: TBD FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 930 SW Hall Street, Portland, OR 97201

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

CONTACT PERSON: Duke Tufty (No Solicitation) PHONE: 503-718-2310 EMAIL: duke@nwalcohollow.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: ~14,694 sq. ft.

EXISTING BUILDING: Yes No

ZONING: CX--Central Commercial

STRUCTURAL CHANGES (DESCRIBE): New building

RESTAURANT SEATING CAPACITY: 22 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: On-site management

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: See below CLOSE: See below FRIDAY & SATURDAY OPEN: See below CLOSE: See below

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? Event driven

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A--New Building

NAME & ADDRESS OF PROPERTY OWNER: Oregon State Board of Higher Education, PO Box 751, Portland, OR 97207

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): Sporting events 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
Versa Cafe will be open Monday-Friday from 10am to 7pm. The Vikings Pavilion will be open for games and events based on the schedule.

The seating capacity of the auditorium is approximately 3,700.

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

SIGNATURE:  DATE: 1/9/18



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: 930 SW HALL

R#: R246509

State ID: 1S1E04 300

Zone: CXd

Plan District: CENTRAL CITY,
UNIVERSITY DIST

Proposed Use: RETAIL SALES AND
SERVICE

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

Additional Comments:

CX Zone allows for Retail Sales and
Service uses.

J. Malia Slusarenko

Name of City Official

City Planner

Title

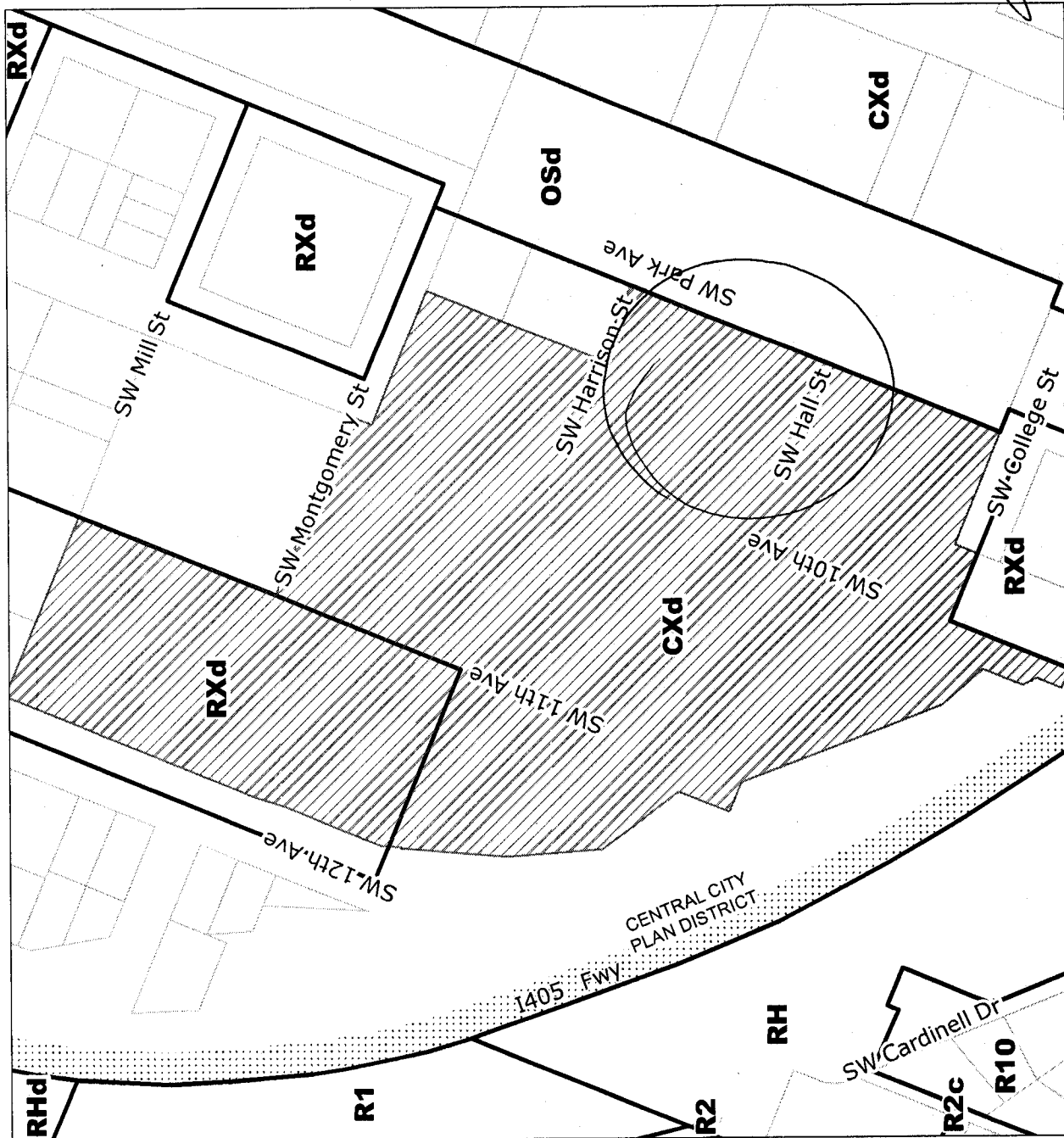
503-823-7353

Contact Number

J. Malia Slusarenko
Signature of Official

1 / 12 / 2018

Date



1 inch = 200 feet

