



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DM

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

*L258736
P43376*

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 *AK*

Date *1-23-18*

License Action: *90 c/n*

Rec'd by Portland
Liquor Licenses

JAN 30 2018

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

Applicant #1
Beguine, LLC

Applicant #2

Applicant #3

Applicant #4

PD *75209*
523801

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

Chef du Jour

3. Business Location: Number and Street **736 SE Powell Blvd.**

City **Portland**

County **Multnomah**

ZIP **97202**

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 **736 SE Powell Blvd.**

City **Portland**

State **OR**

ZIP **97202**

6. Phone Number of the Business Location: **503-222-4553**

7. Contact Person for this Application:

Name **Colette Rudishauser**

Phone Number **503-679-2024**

Mailing Address, City, State, ZIP

12805 SW Night Heron Lane, Unit 101; Beaverton OR 97007

Email **colette@chefdujourcatering.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

JAN 12 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Beaune, LLC Phone: (503) 222-4553

Trade Name (dba): Chef du Jour Catering

Business Location Address: 736 SE Powell Blvd.

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours: vary by bookings
Sunday 9am to bookings
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
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)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply: N/A
 Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: _____ Outdoor: N/A
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: _____ Date: 1/22/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1345097-93

Please Print or Type

LLC Name: Beguine, LLC Year Filed: 2017 ✓

Trade Name (dba): Chef du Jour

Business Location Address: 736 SE Powell Blvd.

City: Portland ZIP Code: 97202

List Members of LLC:

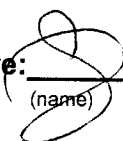
Percentage of Membership Interest:

1. <u>Colette Rudishauser</u> (managing member)	<u>33%</u>
2. <u>Gary Rumble</u> (members)	<u>33%</u>
3. <u>Keni Cyr-Rumble</u>	<u>34%</u>
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: Colette Rudishauser DOB: 08/21/1983

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

Signature:  (name) Dir. of Ops. (title) Date: 01/09/2018

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: Bequine, LLC

DBA OR TRADE NAME: Chef du Jour PHONE: 503-222-4553 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 736 SE Powell Blvd. Portland OR 97202

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

CONTACT PERSON: Colette Rudishauser PHONE: 503-679-2024 EMAIL: colette@chefdujourcatering.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: _____

DESCRIBE SECURITY: ADT Security system

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 Don't Know

HOURS OF OPERATION Varies (Catering)

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: Two Yovels (DBA: Chef du Jour)

NAME & ADDRESS OF PROPERTY OWNER: Eric Yovel

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.

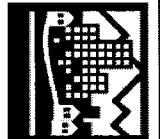
Use this area to provide any additional information that you wish to be considered on this liquor application

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

SIGNATURE: [Signature] DATE: 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: 736 SE POWELL BLVD

R#: R148166

State ID: 1S1E11BB 2700

Zone: CG
Plan District:

Proposed Use: MANUFACTURING AND PRODUCTION
 MANUFACTURING AND PRODUCTION is a LIMITED use in the CG zone

Additional Comments:

Per 33.130 and Table 130-1 Manufacturing and Production is limited to 10,000 square feet. Exterior display or storage is prohibited.

Keshia Owens
 Name of City Official
City Planner
 Title

503-823-7028
 Contact Number

Signature of Official

1 / **30** / **2018**
 Date

