



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:

- 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 CH

Date 1-9-18

License Action: 40 c/tn

Rec'd by Portland

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

| | | |
|--|--------------|--------------------|
| Applicant #1 Western Pacific Depot Corporation | Applicant #2 | JAN 30 2018 |
| Applicant #3 | Applicant #4 | |

*PD \$100 c/k *
1084*

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

3. Business Location: Number and Street **110 NW Broadway**

City **Portland** County **Multnomah County** ZIP **97209**

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 **2001 K St.**
City **Sacramento** State **CA** ZIP **95811**

6. Phone Number of the Business Location: **916-441-6823**

7. Contact Person for this Application:

Name **Trelawny J. Bruce** Phone Number **916-752-8354**
Mailing Address, City, State, ZIP
2001 K St. Sacramento CA 95811
Email **contractor1997@yahoo.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 J. Bruce Signature of Applicant #2 _____

Signature of Applicant #3 _____ Signature of Applicant #4 _____

RECEIVED

OLCC Liquor License Application (Rev. 06/2017)

Initials: CH
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Western Pacific Depot Corporation Phone: 916-752-8354

Trade Name (dba): BADLANDS

Business Location Address: 110 NW Broadway

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 5PM to 2:30AM
Monday 5PM to 2:30AM
Tuesday 5PM to 2:30AM
Wednesday 5PM to 2:30AM
Thursday 5PM to 2:30AM
Friday 5PM to 2:30AM
Saturday 5PM to 2:30AM

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: 5PM to 8PM
 Alcohol service Hours: 5PM to 2:30PM
 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 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 5PM to 2:30AM
Monday 5PM to 2:30AM
Tuesday 5PM to 2:30AM
Wednesday 5PM to 2:30AM
Thursday 5PM to 2:30AM
Friday 5PM to 2:30AM
Saturday 5PM to 2:30AM

SEATING COUNT

Restaurant: _____ Outdoor: _____
Lounge: 40 Other (explain): _____
Banquet: _____ Total Seating: 40

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: 12-28-17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev 12.07)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

1382612-92

Please Print or Type

Corporation Name: WESTERN PACIFIC DEPOT CORPORATION

Year Incorporated: ~~1994~~ 2017

Trade Name (dba): BADLANDS

Business Location Address: 110 NW BROADWAY

City: PORTLAND

ZIP Code: 97209

List Corporate Officers:

Trelawny J. Bruce

President

(name)

(title)

Marjorie I. Bruce

Secretary

List Board of Directors:

(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.)

Stockholders:

Number of Shares Held:

Trelawny J. Bruce

5100

Marjorie I. Bruce

4900

Number of Stock Shares:

Issued: 10,000

Unissued: 0

Total Shares Authorized to Issue: 0

Server Education Designee: BRIAN ARANDA

DOB: 07-25-1984

(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)

PRESIDENT
(title)

Date: 12-28-17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 08/11)

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: Western Pacific Depot Corporation

DBA OR TRADE NAME: Badlands Portland PHONE: 916-752-8354 FAX: 916-446-9194

BUSINESS ADDRESS (Including ZIP Code): 110 NW Broadway, Portland, OR 97209

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

CONTACT PERSON: Brian Aranda PHONE: 775-229-2657 EMAIL: barbuilders2015@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 5,000 Sqft +/-

EXISTING BUILDING: Yes No

ZONING: CXd Zone

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: 60 OUTSIDE SEATING CAPACITY: None

DESCRIBE SECURITY: 1 security guard for every 50 patrons.

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: 4PM CLOSE: 2:30AM FRIDAY & SATURDAY OPEN: 4PM CLOSE: 2:30AM

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? 2:30AM / DJ

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Embers Avenue Nightclub

NAME & ADDRESS OF PROPERTY OWNER: Craig Sweitzer / 75 SE Yamhill St, Suite 203 Portland, OR 97214

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): 2 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:  DATE: 1-25-18



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: 110 NW BROADWAY

R#: R140487

State ID: 1N1E34CB 9400

Zone: **CXd**

Plan District: **CENTRAL CITY, RIVER DISTRICT**

Proposed Use: **RETAIL SALES AND SERVICE**

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

Tyler Mann
Name of City Official

City Planner
Title

503-823-5062
Contact Number

Tyler Mann
Signature of Official

1 / **19** / **2018**
Date

