



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DW

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input checked="" type="checkbox"/> Limited On-Premises</p> <p><input checked="" type="checkbox"/> Off-Premises <i>SS</i></p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p>
	<p align="center">OLCC USE</p> <p>Application received by <i>[Signature]</i></p> <p>Date <u>10-26-17</u></p> <p>License Action: <u>C/O C/Tr</u></p> <p><i>Amended to add off-premises sales 11/1/2018. [Signature]</i></p>

L254539
P 51005

<p>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:</p> <p>Applicant #1 <u>IL NASO, LLC</u> Applicant #2 _____</p> <p>Applicant #3 _____ Applicant #4 _____</p>	
<p>2. Trade Name of the Business (the name customers will see): <u>IL NASO</u></p>	
<p>3. Business Location: Number and Street <u>1744 SE Hawthorne Blvd.</u> City <u>Portland</u> County <u>Multnomah</u> ZIP <u>97202</u></p>	
<p>4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>→ see Thinking LLC</i></p>	
<p>5. Mailing Address (where the OLCC will send your mail): PO Box, Number, Street, Rural Route <u>P.O. Box 8880</u> City <u>Ketchum</u> State <u>ID</u> ZIP <u>83340</u></p>	
<p>6. Phone Number of the Business Location: <u>208 788 6700</u></p>	
<p>7. Contact Person for this Application:</p> <p>Name <u>Samantha Johnson</u> Phone Number <u>208 788 6700 x129</u> Mailing Address, City, State, ZIP <u>P.O. Box 8880 Ketchum, ID 83340</u> Email <u>Samantha.Johnson@genevaregularities.com</u></p>	
<p>I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.</p>	
Signature of Applicant #1 <i>[Signature]</i>	Signature of Applicant #2 _____
Signature of Applicant #3 _____	Signature of Applicant #4 _____

Rec'd by Portland Liquor Licenses

JAN 30 2018

PD # 075
CASH

RECEIVED

JAN 17 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: IL NASO, LLC Phone: 208-788-6700
Trade Name (dba): IL NASO
Business Location Address: 1744 SE Hawthorne Boulevard
City: Portland, OR ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours: Sunday 11:30am to 5:00pm, Monday 8 to 8, Tuesday 11:30 to 7:00pm, Wednesday 11:30 to 7:00pm, Thursday 11:30 to 7:00pm, Friday 11:30 to 7:00pm, Saturday 11:30 to 5:00pm
Outdoor Area Hours: Sunday 11:30am to 5:00pm, Monday 8 to 8, Tuesday 11:30 to 7:00pm, Wednesday 11:30 to 7:00, Thursday 11:30 to 7:00, Friday 11:30 to 7:00pm, Saturday 11:30 to 5:00pm
The outdoor area is used for: Food service, Alcohol service Hours: 11:30 AM to 7:00 PM, Enclosed, how N/A
The exterior area is adequately viewed and/or supervised by Service Permittees. DBM (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: outdoor seating is weather permitting

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

SEATING COUNT
Restaurant: _____ Outdoor: 10
Lounge: 10 Other (explain): _____
Banquet: _____ Total Seating: 20

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials: DBM
Date: 11/11/18

I understand if my answers are not true and complete, the OLCC may deny my license application.
Applicant Signature: _____ Date: 1/8/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1366061-91

Please Print or Type

LLC Name: IL NASO, LLC Year Filed: 2017 ✓

Trade Name (dba): IL NASO

Business Location Address: 1744 SE Hawthorne Boulevard

City: Portland, OR ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>Geneva Retail, LLC</u>
<small>(managing member)</small> | <u>99%</u> |
| 2. <u>The Bottle Bodega, LLC</u>
<small>(members)</small> | <u>1%</u> |
| 3. _____ | _____ |
| 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: Michael Krikorian DOB: 8/11/75
SVED 3/30/17

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

Signature: [Signature] managing member Date: 10/18/17
(name) (title)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: Geneva Retail, LLC Year Filed: 2017

Trade Name (dba): Geneva Retail

Business Location Address: PO Box 8880

City: Ketchum ZIP Code: 83340

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|-------------|
| 1. <u>Sage Financial Corporation</u>
<small>(managing member)</small> | <u>100%</u> |
| 2. _____
<small>(members)</small> | _____ |
| 3. _____ | _____ |
| 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: Michael Khikorian DOB: 8/11/75
SUED 3/30/17

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

Signature: [Signature] President Date: 10/18/17
(name) (title)



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: SAGE FINANCIAL CORPORATION Year Incorporated: 1990

Trade Name (dba): RE: IL NASO/IL NASO LLC/GENEVA RETAIL LLC

Business Location Address: IL NASO -1744 SE HAWTHORNE ; SAGE FINANCIAL 540 2ND AVE N -

City: IL NASO- PORTLAND; SAGE FINANCIAL KETCHUM, ID 83340 ZIP Code: 97214

List Corporate Officers:

<u>STEVEN GIACOBBI</u> (name)	<u>PRESIDENT</u> (title)
_____	_____
_____	_____
_____	_____

List Board of Directors:

<u>STEVEN GIACOBBI</u> (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:	Number of Stock Shares:
<u>STEVEN GIACOBBI</u>	<u>100%</u>	Issued: <u>N/A 100%</u>
_____	_____	Unissued: <u>10000 N/A</u>
_____	_____	Total Shares Authorized to Issue: <u>10,000</u>
_____	_____	

Server Education Designee: N/A DOB: _____
(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: 1/24/18

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: ILNASO, LLC

DBA OR TRADE NAME: ILNASO PHONE: _____ FAX: Ø

BUSINESS ADDRESS (Including ZIP Code): 1744 SE Hawthorne Blvd. Portland, OR 97202

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

CONTACT PERSON: Samantha Johnson PHONE: 208-788-6700 EMAIL: samanthad@genevaequities.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: retail wine shop

SIZE OF SERVICE AREA: 1300
EXISTING BUILDING: Yes No
ZONING: Commercial retail
STRUCTURAL CHANGES (DESCRIBE): Ø

RESTAURANT SEATING CAPACITY: 10 LOUNGE SEATING CAPACITY: Ø OUTSIDE SEATING CAPACITY: 10

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: 11:30am CLOSE: 7:00pm FRIDAY & SATURDAY OPEN: 11:30am CLOSE: 6:30
HOW LATE WILL THERE BE OUTSIDE SEATING? 7:00pm HOW LATE WILL THERE BE ENTERTAINMENT? Ø

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Bee Thinking, LLC
NAME & ADDRESS OF PROPERTY OWNER: STEVEN GIACOBBI, 540 2nd AVE. N KETCHUM, ID 83340

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): wine tasting 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
we will be a retail wine shop that will have occasional wine tasting events and a small service area.

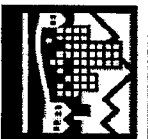
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature] DATE: 1/12/18



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: 1736-1764 SE HAWTHORNE BLVD

R#: R200465

State ID: 1S1E02DB 11100

Zone: CS

Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**

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

Additional Comments:

Retail Sales and Service Use allowed by right per 33.130.100 and Table 130-1.



Thomas Soppe
Name of City Official

City Planner
Title

503-823-7908
Contact Number

Signature of Official

1 / 19 / **2018**
Date