



LIQUOR LICENSE APPLICATION

MO

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 _____

Date 1-16-18

License Action: 90 c/tn 9/priv

Rec'd by Portland
Liquor Licenses
JAN 30 2018
PD # 75
085978

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

Applicant #1 Neil Kopp (Supernova LLC)	Applicant #2 Amanda Kopp (Supernova LLC)	RECEIVED JAN 08 2018 Initials:
Applicant #3 Anish Savjani (Film Science LLC)	Applicant #4 Rajen Savjani (City 17 LLC)	

Oregon Liquor Control Commission

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

3. Business Location: Number and Street 3560 N Mississippi
City Portland County Multnomah ZIP 97227

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 3560 N Mississippi
City Portland State OR ZIP 97227

6. Phone Number of the Business Location:

7. Contact Person for this Application:
Name Collin Connon Phone Number 503-740-0343
Mailing Address, City, State, ZIP
3560 N Mississippi, Portland, OR 97227
Email accounting@stsomewherepdx.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



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: SUPERNOVA LLC Phone: 503-740-0343

Trade Name (dba): ST SOMEWHERE

Business Location Address: 3560 N MISSISSIPPI

City: PORTLAND ZIP Code: 97227

DAYS AND HOURS OF OPERATION

Table with 2 columns: Day, Business Hours. Rows for Sunday through Saturday.

Table with 2 columns: Day, Outdoor Area Hours. Rows for Sunday through Saturday.

The outdoor area is used for:
[X] Food service Hours: 12 PM to 2:30 AM
[X] Alcohol service Hours: 12 PM to 2:30 AM
[] Enclosed, how
The exterior area is adequately viewed and/or supervised by Service Permittees.
(Investigator's Initials)

Seasonal Variations: [X] Yes [] No If yes, explain: OUTDOOR SEATING VARY W/ WEATHER

ENTERTAINMENT Check all that apply:
[] Live Music [] Karaoke
[X] 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
N/A
Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT
Restaurant: 30 Outdoor: 36
Lounge: 6 Other (explain):
Banquet: Total Seating: 72

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: 12-5-17

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: SUPERNOVA LLC Year Filed: 2017

Trade Name (dba): ST SOMEWHERE

Business Location Address: 3500 N MISSISSIPPI

City: PORTLAND ZIP Code: 97227

List Members of LLC:

Percentage of Membership Interest:

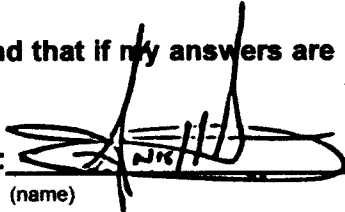
1. NEIL KOPP
(managing member)
2. ANISH SAYJANI
(members)
3. AMANDA
4. FILM SCIENCE LLC
5. _____
6. _____

- 14.50 %
- 34.00 %
- 14.50 %
- 33.00 %
- _____
- _____

(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: NEIL KOPP DOB: 8-14-79

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

Signature:  Date: 12-5-12
(name) (title)



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please Print or Type

LLC Name: Film Science, LLC Year Filed: 2005

Trade Name (dba): _____

Business Location Address: 445 Medical Center Blvd

City: Webster, TX ZIP Code: 77598

List Members of LLC:

Percentage of Membership Interest:

1. <u>Anish Savjani</u> <small>(managing member)</small>	<u>56%</u>
2. <u>City 17, LLC</u> <small>(members)</small>	<u>44%</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: _____ DOB: _____

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

Signature: Date: 8/15/17
(name) Rajen Savjani (title) Member

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: City 17, LLC Year Filed: 08/02/2005

Trade Name (dba): _____

Business Location Address: 445 Medical Center Blvd.

City: Webster, Texas ZIP Code: 77598

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Rajen Savjani</u> (managing member)	<u>100%</u>
2. _____ (members)	_____
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: _____ DOB: _____

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

Signature: [Signature] (name) CEO (title) Date: 08/15/2015

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: Supernova LLC

DBA OR TRADE NAME: St. Somewhere PHONE: 503-740-0343 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 3560 N Mississippi Portland, OR 97227

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

CONTACT PERSON: Collin Connon PHONE: 503-740-0343 EMAIL: accounting@stsomewherepdx.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: Residential - Commercial Use

STRUCTURAL CHANGES (DESCRIBE): n/a

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: 9 OUTSIDE SEATING CAPACITY: 34

DESCRIBE SECURITY: OLCC control plan for outdoor area by OLCC licensed servers

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 12

SUNDAY - THURSDAY OPEN: 12:00pm CLOSE: 2:30am FRIDAY & SATURDAY OPEN: 12:00pm CLOSE: 2:30am

HOW LATE WILL THERE BE OUTSIDE SEATING? 2:30am HOW LATE WILL THERE BE ENTERTAINMENT? n/a

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Oregon Deli

NAME & ADDRESS OF PROPERTY OWNER: Where Is The Contract Jerry LLC - 111 SW 5th Ave. Portland, OR 97204

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: 12/5/2017



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: 3560 N MISSISSIPPI AVE

R#: R223841

State ID: 1N1E22CD 18000

Zone: EXD

Proposed Use: **RETAIL SALES AND SERVICE**

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

Additional Comments:

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

Douglas Strickler

Name of City Official

City Planner

Title

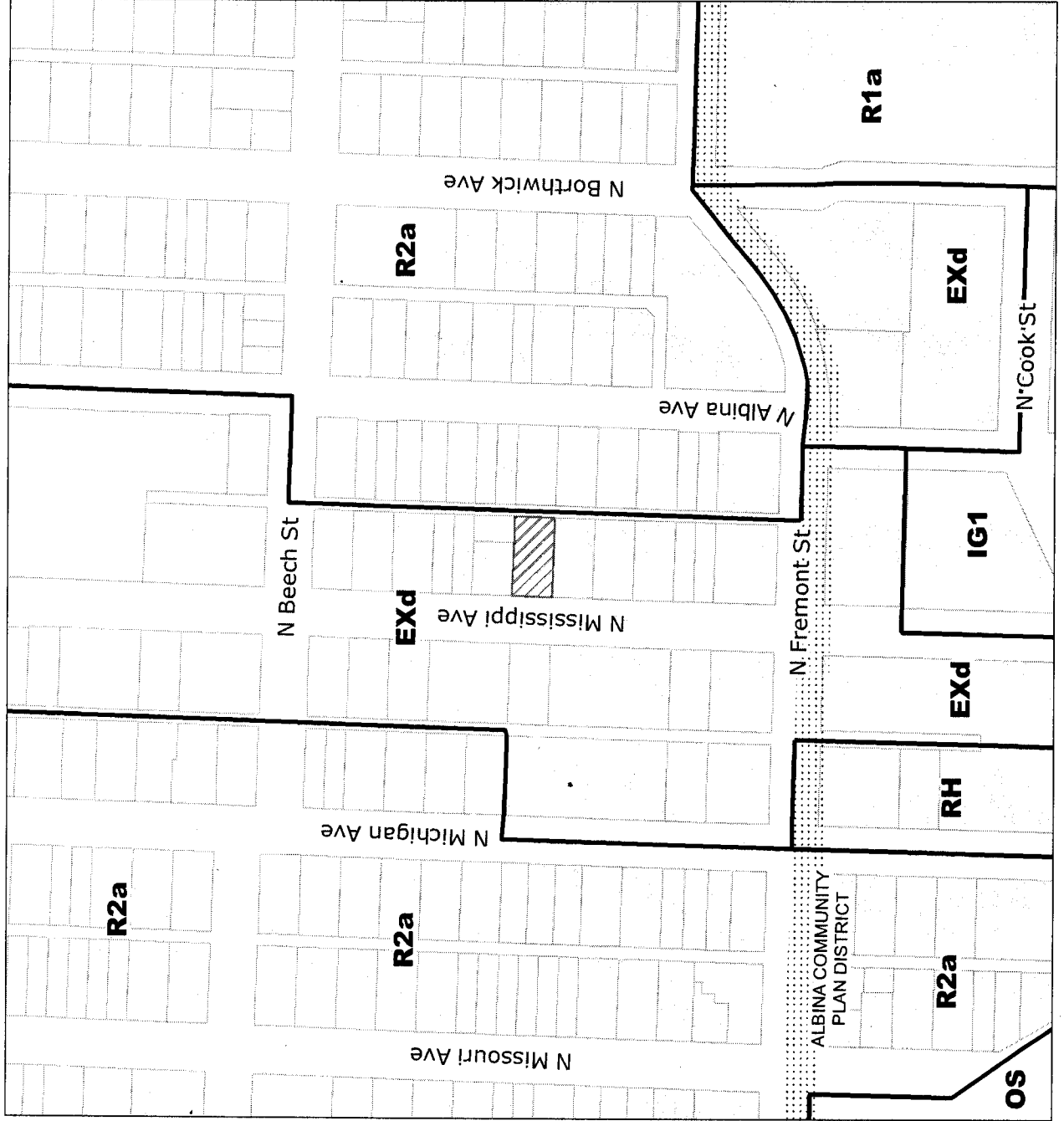
503-823-7919

Contact Number

Douglas Strickler
Signature of Official

12 / 15 / 2017

Date



1 inch = 200 feet

