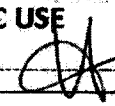


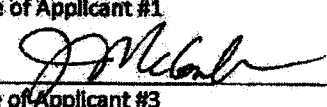


OREGON LIQUOR CONTROL COMMISSION

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  Date <u>1-29-18</u> License Action: <u>n/o</u>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 Bon Appetit Management Company		Applicant #2	
Applicant #3		Applicant #4	
2. Trade Name of the Business (the name customers will see): Bon Appetit @ Airbnb PDX			
3. Business Location: Number and Street 80 NW Davis St.			
City Portland		County Multnomah	ZIP 97209
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 28217
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@nwalcohollow.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	

RECEIVED
JAN 26 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bon Appetit Management Company Phone: TBD

Trade Name (dba): Bon Appetit @ Airbnb PDX

Business Location Address: 80 NW Davis St.

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours: *

Sunday 8:00am to 4:30pm
 Monday 7:30am to 8:00pm
 Tuesday 7:30am to 8:00pm
 Wednesday 7:30am to 8:00pm
 Thursday 7:30am to 8:00pm
 Friday 7:30am to 8:00pm
 Saturday 8:00am to 4:30pm

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: _____ to _____

Alcohol service Hours: _____ to _____

Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

_____ (Investigator's Initials)

* Operating hours may not be continuous. For example, there is a break in service between breakfast and lunch Monday - Friday from 10am to 11:30am and a break between breakfast and brunch between 10am and 11:30am on Saturday and Sunday.

Seasonal Variations: Yes No If yes, explain: _____

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: 130 Outdoor: _____
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 130

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: *J. McEnch* Date: 1/26/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



**OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE**

Please Print or Type

Corporation Name: Bon Appetit Management Co. Year Incorporated: 1990

Trade Name (dba): Bon Appetit at Airbnb

Business Location Address: _____

City: Portland ZIP Code: _____

List Corporate Officers:

<u>Fedele Bauccio</u> (name)	<u>President & CEO</u> (title)
<u>Charles Palmer Brown</u>	<u>Executive Vice President</u>
<u>Elizabeth Baldwin</u>	<u>CFO</u>
<u>Jennifer McConnell</u>	<u>Executive Vice President & 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>	Number of Stock Shares:
<u>Yorkmont Four, Inc.</u>	<u>100</u>	Issued: <u>100</u>
_____	_____	Unissued: <u>1,950,899</u>
_____	_____	Total Shares Authorized to Issue: <u>1,950,999</u>
_____	_____	

Server Education Designee: _____ **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: *Jennifer McConnell* (name) Ex. VP + Secretary (title) Date: 1/2/18

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: Bon Appetit Management Company

DBA OR TRADE NAME: Bon Appetit at Aribnb PHONE: TBD FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 80 NW Davis Street, Portland, OR 97209

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

CONTACT PERSON: Duke Tufty (No Solicitations please) 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: Corporate Cafe

SIZE OF SERVICE AREA: ~4,000 sq. ft.

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): Remodel

RESTAURANT SEATING CAPACITY: 130 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: On-site management and security and badge access to building.

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? All hours

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Not known.

NAME & ADDRESS OF PROPERTY OWNER: Unico Properties, 111 SW Fifth Ave., Ste. 1250, 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

Hours for Monday-Friday: 7:30am-8:00pm. Hours for Saturday/Sunday: 8:00am-4:30pm. * Operating hours may not be continuous.

For example, there is a break in service between breakfast and lunch Monday - Friday from 10am to 11:30am and a break between breakfast and brunch between 10am and 11:30am on Saturday and Sunday.

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

SIGNATURE: _____



DATE: _____

1/26/18



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: 80 NW DAVIS ST
R#: R140322
State ID: 1N1E34DB 200

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

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

