



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

CITY AND COUNTY USE ONLY

Date application received _____

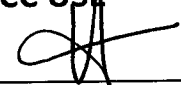
Name of City or County _____

Recommends this license be ___ Granted ___ Denied

By _____

Date _____

OLCC USE

Application received by 

Date 1-17-18

License Action: n/o

Rec'd by Portland
Liquor Licenses
FEB 05 2018
PD 100
122615

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

Applicant #1 <u>PIERCE WINES LLC</u>	Applicant #2
Applicant #3	Applicant #4

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

3. Business Location: Number and Street 306 SEASH ST

City PORTLAND County MULTNOMAH ZIP 97214

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 5252 NE 19th AVE

City PORTLAND State OR ZIP 97218

6. Phone Number of the Business Location: 225 328 0706

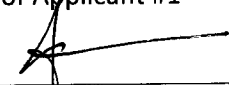

7. Contact Person for this Application:

Name JESSICA PIERCE Phone Number 225 328 0706

Mailing Address, City, State, ZIP
same

Email PIERCELYNNJESSICA@gmail.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	RECEIVED JAN 10 2018 Initials: 
Signature of Applicant #3	Signature of Applicant #4	



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: PIERCE WINES LLC Phone: 225-3280706

Trade Name (dba): PIERCE WINES

Business Location Address: 306 SE ASH ST.

City: PORTLAND ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

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

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)

NOT OPEN TO PUBLIC

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

SEATING COUNT

Restaurant: _____ Outdoor: _____
 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: [Signature] Date: 10 JAN 2010

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1279559-95

Please Print or Type

LLC Name: PIERCE WINES LLC Year Filed: 2017 ✓

Trade Name (dba): PIERCE WINES

Business Location Address: 306 SE ASH ST

City: PORTLAND ZIP Code: OR

List Members of LLC:

Percentage of Membership Interest:

1. JESS PIERCE
(managing member)

100%

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: JESS PIERCE DOB: 7.14.82

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

Signature: [Signature] PRESIDENT Date: 1.9.18
(name) (title)

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: PIERCE WINES LLC
DBA OR TRADE NAME: PIERCE WINES PHONE: 2253280706 FAX: _____
BUSINESS ADDRESS (Including ZIP Code): 306 SE Ash St 97214
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): WINE
CONTACT PERSON: JESSICA PERCE PHONE: 2253280706 EMAIL: PIERCELIWINJESSICA@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Other: <u>wholesale</u> |

SIZE OF SERVICE AREA: _____
EXISTING BUILDING: Yes No
ZONING: _____
STRUCTURAL CHANGES (DESCRIBE): _____

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

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 NOT OPEN TO PUBLIC

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: _____

NAME & ADDRESS OF PROPERTY OWNER: _____

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: 5 FEB 2018

Property Search

Owner: Narr DA CENTRAL WINE WARE

Site Address: 309 SE PINE ST

State ID: INT13740D-2300

Account #: R166730

Search Clear Portlandmaps

Geocode Address When Taxlot NOI

Search is Based on Active Field Only

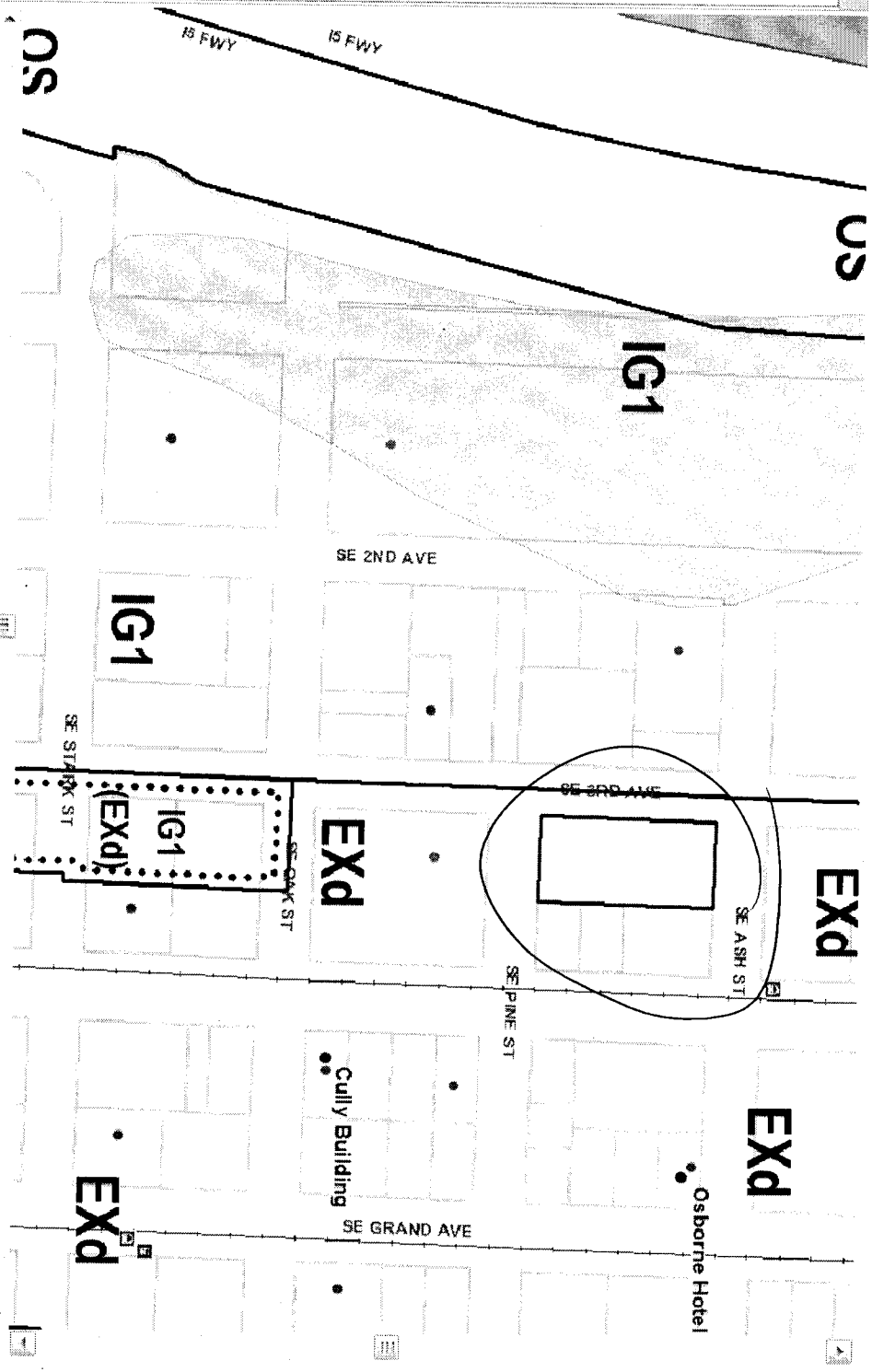
Hide Personal Property Accounts

Display Taxlot Detail Window

Owner: DA CENTRAL 309 SE PINE INT13740D-2300

Site Address: State

Bureau of Development Services
1900 SW 4th Ave., Suite 5000
Portland, OR 97201



Taxlot Details

Lot Size: 20000 sqft Building Size: 24000 sqft Map Number: 3030 Zoning Code(s): EXD

Legal Description: FRUSH SQUARE ADD, BLOCK 4, LOT 184, LOT 4 Lot & Block: 184,588 Historic District: Conservation District:

Mailing Information: DA CENTRAL WINE WAREHOUSE LLC 3404 NE 32ND AVE Jurisdiction: Portland NRRMP: Draw LURS: LUR

Plan District: CENTRAL CITY Subdistrict: CENTRAL EASTSIDE LUR Case Histo (3 Cases): LU 06-162207 LU 07-148223 PC 06-135321

Wholesale use is allowed outright.
Andy Gulliver, City Planner
(503) 823-7010
2/1/18