



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 *264995*
- 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 *[Signature]*

Date 2-3-18

License Action:
C/O C/TM

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

Applicant #1

KONIKY, LTD

Applicant #2

Rec'd by Portland
Liquor Licenses

Applicant #3

Applicant #4

FEB 07 2018
PD: 7592
007235

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

SILVERADO

3. Business Location: Number and Street

610 NW Couch St.

City PORTLAND

County MULTNOMAH

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

610 NW Couch St.

City PORTLAND

State OR

ZIP 97209

6. Phone Number of the Business Location:

503-224-4493

7. Contact Person for this Application:

Name THOMAS BREAZALE

Phone Number 503-680-3230

Mailing Address, City, State, ZIP

610 N.W. Couch St. PORTLAND, OR 97209

Email tbraz@silveradopdx.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]

Signature of Applicant #2

[Signature]

Signature of Applicant #3

1-25-18

Signature of Applicant #4

RECEIVED

JAN 29 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: KON TIKU LTD Phone: 503-224-4493

Trade Name (dba): SILVERADO

Business Location Address: 610 NW Couch St.

City: PORTLAND ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9 AM to 2:30 AM
Monday 9 AM to 2:30 AM
Tuesday 9 AM to 2:30 AM
Wednesday 9 AM to 2:30 AM
Thursday 9 AM to 2:30 AM
Friday 9 AM to 2:30 AM
Saturday 9 AM to 2:30 AM

Outdoor Area Hours:

Sunday _____ to N-A
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for: N-A

- 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)

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

Sunday 3 PM to 2:30 AM
Monday 3 PM to 2:30 AM
Tuesday 3 PM to 2:30 AM
Wednesday 3 PM to 2:30 AM
Thursday 3 PM to 2:30 AM
Friday 3 PM to 2:30 AM
Saturday 3 PM to 2:30 AM

SEATING COUNT

Restaurant: 48 Outdoor: —
Lounge: 27 Other (explain): SH - BASEMENTS lounge
Banquet: — Total Seating: 179

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: 1-25-18



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

158778-14

Please Print or Type

Corporation Name: KON-TIKI, LTD Year Incorporated: 1982 ✓

Trade Name (dba): SILVERADO

Business Location Address: 610 NW Couch St.

City: PORTLAND ZIP Code: 97209

List Corporate Officers:

THOMAS E BREAZEALE
(name)

PRESIDENT
(title)

DONALD R SEXTON

SECRETARY

List Board of Directors:

THOMAS E BREAZEALE
(name)

DONALD R SEXTON

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>THOMAS E. BREAZEALE</u>	<u>500</u>	Issued: <u>500</u>
_____	_____	Unissued: <u>0</u>
_____	_____	Total Shares Authorized to Issue: <u>500</u>
_____	_____	

Server Education Designee: THOMAS E BREAZEALE DOB: 7-6-51
(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: Thomas E Breazale (name) President (title) Date: 1-25-18

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: KON-TIKI, LTD

DBA OR TRADE NAME: SILVERADO PHONE: 503-224-4493 FAX: 503-227-6426

BUSINESS ADDRESS (Including ZIP Code): 610 NW Couch St Portland, OR 97209

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET - CHANGE LOCATION

CONTACT PERSON: THOMAS BREAZALE PHONE: 503-224-4493 EMAIL: tbreaz@silveradopdx.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: 2000 MAIN FLOOR 1500 BASEMENT

EXISTING BUILDING: Yes No

ZONING: CX

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 48 LOUNGE SEATING CAPACITY: 75 OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: UNARMED DRST CERTIFIED IN HOUSE STAFF

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: 9 AM CLOSE: 2:30 AM FRIDAY & SATURDAY OPEN: 9 AM CLOSE: 2:30 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? 2:00 AM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: JOLLY GREEN PIRATE / THE PLANK

NAME & ADDRESS OF PROPERTY OWNER: JOLLY GREEN BUILDING LLC, 610 NW Couch St. Portland, OR 97209

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): 1 Events (Describe): N/A Other: N/A

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: Thomas Breazale DATE: 2-6-18



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: 610 NW COUCH ST

R#: R140479

State ID: 1N1E34CA 11800

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:

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

Keshia Owens

Name of City Official

City Planner

Title

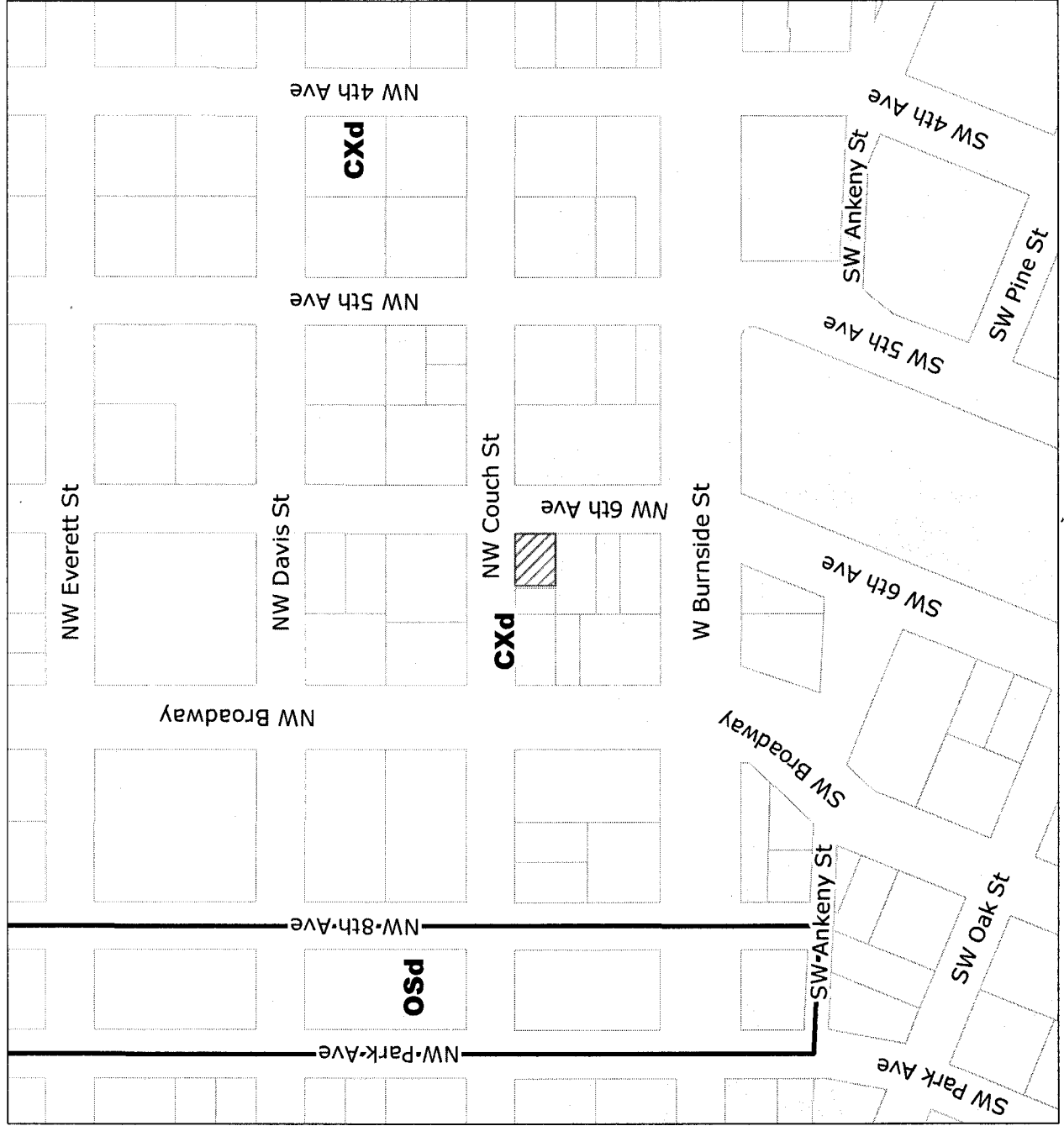
503-823-7028

Contact Number

Signature of Official

1 / 23 / 2018

Date



1 inch = 200 feet

