



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 2-1-18

License Action:

N/O

Rec'd by Portland
Liquor Licenses

FEB 08 2018

PD # 100 213
3176

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

Applicant #1

Boxer Ramen LLC

Applicant #2

Applicant #3

Applicant #4

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

3. Business Location: Number and Street 1613 SE Bybee Blvd.

City Portland

County Multnomah

ZIP 97202

4. Is the business at this location currently licensed by the OLCC? Yes No

5. Mailing Address (where the OLCC will send your mail): 1025 SW Stark St.

PO Box, Number, Street, Rural Route

City Portland

State OR

ZIP 97205

6. Phone Number of the Business Location: 646-250-8472

7. Contact Person for this Application:

Name Chris Thornton

Phone Number 646-250-8472

Mailing Address, City, State, ZIP

328 SE 28th Ave Portland, OR 97214

Email Chris@boxerramen.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 24 2018

Initials:



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Boxer Ramen, LLC Phone: 646-250-8472

Trade Name (dba): Boxer Ramen

Business Location Address: 1613 SE Bybee Blvd.

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>12 pm</u> to <u>9 pm</u>
Monday	<u>11 AM</u> to <u>9 pm</u>
Tuesday	<u>11 AM</u> to <u>9 pm</u>
Wednesday	<u>11 AM</u> to <u>9 pm</u>
Thursday	<u>11 AM</u> to <u>9 pm</u>
Friday	<u>11 AM</u> to <u>9 pm</u>
Saturday	<u>12 pm</u> to <u>9 pm</u>

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)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: 32 Outdoor: _____

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 32

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: 1/24/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



931322-97

Please Print or Type

LLC Name: Boxer Ramen LLC Year Filed: 2013 ✓

Trade Name (dba): Boxer Ramen

Business Location Address: 1613 SE Rybee Blvd

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

1. Micah Camden
(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: Chris Thornton DOB: 2/23/1979

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

Signature: [Signature] (name) Owner (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: Boxer Ramen, LLC

DBA OR TRADE NAME: Boxer Ramen PHONE: 646-250-8472 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): ~~1025 SW~~ 1613 SE Bybee Blvd Portland, OR 97202

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

CONTACT PERSON: Chris Thornton PHONE: 646-250-8472 EMAIL: chris@boxerramen.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: Aprox. 400 sq. ft.

EXISTING BUILDING: Yes No

ZONING: CS, storefront commercial

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 32 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

SUNDAY - THURSDAY OPEN: 11 AM CLOSE: 9 PM FRIDAY & SATURDAY OPEN: 11 AM CLOSE: 9 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? — HOW LATE WILL THERE BE ENTERTAINMENT? —

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: 1611 Bybee Investors, LLC c/o Venerable Properties
70 NW Couch St., Suite 207 Portland, OR 97209

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: [Signature] DATE: 2/7/18



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: 1613 SE BYBEE BLVD

R#: R134507

State ID: 1S1E23AB 15600

Zone: CS

Plan District: NONE

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.

Tammy Boren-King

Name of City Official

City Planner

Title

503-823-5765

Contact Number

Tammy Boren-King
Signature of Official

2 / 7 / 2018

Date



1 inch = 200 feet