

pending



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

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

256406

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 2-7-18

License Action:

90

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		Rec'd by Portland Liquor Licenses
Applicant #1 <u>HATAF ENTERPRISES INC</u>	Applicant #2	<u>FEB 09 2018</u>
Applicant #3	Applicant #4	PD <u>Cash</u> # <u>575</u>
2. Trade Name of the Business (the name customers will see): <u>JOHNSON CREEK MARKET</u>		
3. Business Location: Number and Street <u>8409 SE 45th AVE</u>		
City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	ZIP <u>97222</u>
4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Mailing Address (where the OLCC will send your mail):		
PO Box, Number, Street, Rural Route <u>1185 SW BULL MOUNTAIN ROAD</u>		
City <u>TIGARD</u>	State <u>OR</u>	ZIP <u>97224</u>
6. Phone Number of the Business Location: <u>503-515-2322</u>		
7. Contact Person for this Application: <u>MOHAMMAD W REHMAN</u>		
Name <u>MOHAMMAD W REHMAN</u>	Phone Number <u>503-515-2322</u>	
Mailing Address, City, State, ZIP <u>1185 SW BULL MOUNTAIN ROAD, TIGARD, OR, 97224</u>		
Email <u>ihshan8e8@gmail.com</u>		
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 <u>M. Rehman</u>	Signature of Applicant #2	RECEIVED <u>JAN 25 2018</u> <u>[Signature]</u>
Signature of Applicant #3	Signature of Applicant #4	
		Initials: _____ Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Hafaf Enterprises Inc

Applicant Name: ~~MOHAMMAD WAQAS REHMAN~~

Phone: 503-515-2322

Trade Name (dba): JOHNSON CREEK MARKET

Business Location Address: 8409 SE 45th AVE

City: PORTLAND

ZIP Code: 97222

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>7am</u>	to	<u>8pm</u>
Monday	<u>7am</u>	to	<u>10pm</u>
Tuesday	<u>7am</u>	to	<u>10pm</u>
Wednesday	<u>7am</u>	to	<u>10pm</u>
Thursday	<u>7am</u>	to	<u>10pm</u>
Friday	<u>7am</u>	to	<u>10pm</u>
Saturday	<u>7am</u>	to	<u>10pm</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: _____ 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: M. Rehman

Date: 01-22-2018

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

1398696-97

Please Print or Type

Corporation Name: HATAF ENTERPRISES INC Year Incorporated: 2018 ✓

Trade Name (dba): JOHNSON CREEK MARKET

Business Location Address: 8409 SE 45th AVE

City: PORTLAND ZIP Code: 97222

List Corporate Officers:

MOHAMMAD WAQAS REHMAN OWNER
(name) (title)

List Board of Directors:

MOHAMMAD WAQAS REHMAN, MUHAMMAD IHSAN MEHDI
(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.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>MUHAMMAD I MEHDI</u>	<u>1</u>	Issued: _____ Unissued: _____ Total Shares Authorized to Issue: _____
_____	_____	
_____	_____	
_____	_____	

Server Education Designee: NA 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: M. Rehman OWNER Date: 01-22-2018
(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: HATAF ENTERPRISES INC

DBA OR TRADE NAME: JOHNSON CREEK MARKET PHONE: 503-515-2322 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 8409 SE 45th AVE, PORTLAND, OR, 97222

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

CONTACT PERSON: MOHAMMAD REHMAN PHONE: 503-515-2322 EMAIL: ihsan8e8@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

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

DESCRIBE SECURITY: ASD

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: 7AM CLOSE: 10PM FRIDAY & SATURDAY OPEN: 7AM CLOSE: 10PM

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: RICHARD BECKHAM, 5431 SW 54th AVE, PORTLAND, OR 97221

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: M. Rehman DATE: 02-08-2018



ZONING VERIFICATION

Address: 8409 SE 45TH AVE
 R#: R158241
 State ID: 1S2E19CC 900

Zone: CG
Plan District:
Proposed Use: RETAIL SALES AND SERVICE
 RETAIL SALES AND SERVICE is an ALLOWED use in the CG zone

Additional Comments:
 Zoning: CG- General Commercial 33.130.100
 - Retail Sales & Service Use is allowed in CG zone This retail store does not meet the definition (33.910) of convenience store since it is not open more than 15 hours a day.

Laura Lehman
 Name of City Official
City Planner
 Title
503-823-7391
 Contact Number
 Signature of Official
2 / 9 / 2018
 Date

