



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
- 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

2167748

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 *2-15-18*

License Action:
C10 CTR

Rec'd by Portland
Liquor Licenses

FEB 20 2018

PD # *100081*

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

Applicant #1 *Suaveito PDX inc*

Applicant #2

Applicant #3

Applicant #4

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

Suaveito Bar & Grill

3. Business Location: Number and Street

207-217 NW 2nd Ave

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

City *Portland*

State *OR*

ZIP *97202*

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name *Ornel Ortiz Hernandez*

Phone Number *503-381-7825*

Mailing Address, City, State, ZIP

6221 SE Milwaukie Ave Portland OR 97202

Email *ornel*

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 of Applicant #3

Signature of Applicant #4

RECEIVED

FEB 14 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Suavecito PDX Inc

Applicant Name: ~~Daniel Ortiz Hernandez~~

Phone: 503-381-7825

Trade Name (dba): Suavecito Bar & Grill

Business Location Address: 207-217 NW 2nd Ave

City: Portland

ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10 AM to 2:30 AM
 Monday 10 AM to 2:30 AM
 Tuesday 10 AM to 2:30 AM
 Wednesday 10 AM to 2:30 AM
 Thursday 10 AM to 2:30 AM
 Friday 10 AM to 2:30 AM
 Saturday 10 AM to 2:30 AM

Outdoor Area Hours:

Sunday 10 AM to 2:30 AM
 Monday 10 AM to 2:30 AM
 Tuesday 10 AM to 2:30 AM
 Wednesday 10 AM to 2:30 AM
 Thursday 10 AM to 2:30 AM
 Friday 10 AM to 2:30 AM
 Saturday 10 AM to 2:30 AM

The outdoor area is used for:

Food service Hours: 10 AM to 2:30 AM
 Alcohol service Hours: 10 AM to 2:30 AM

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 10 AM to 2:30 AM
 Monday 10 AM to 2:30 AM
 Tuesday 10 AM to 2:30 AM
 Wednesday 10 AM to 2:30 AM
 Thursday 10 AM to 2:30 AM
 Friday 10 AM to 2:30 AM
 Saturday 10 AM to 2:30 AM

SEATING COUNT

Restaurant: 50 Outdoor: 20

Lounge: _____ Other (explain): _____

Banquet: _____ Total Seating: 70

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: 2-12-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

1397477-94

Please Print or Type

Corporation Name: Suavecito PDX INC. Year Incorporated: 2018

Trade Name (dba): Suavecito Bar & Grill

Business Location Address: 207 217 NW 2nd Ave

City: Portland ZIP Code: 97209

List Corporate Officers:

Oniel Ortiz Hernandez (name)

President (title)

Desiree Leah Sikes

Secretary

List Board of Directors:

(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.)

Table with columns: Stockholders, Number of Shares Held, and Number of Stock Shares (Issued, Unissued, Total Shares Authorized to Issue).

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: [Signature] President (name) (title) Date: 2-12-18

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: Suavecito PDX INC

DBA OR TRADE NAME: Suavecito Bar & Grill PHONE: _____ FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 207 NW 2nd Ave Portland OR 97030

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

CONTACT PERSON: Oniel Ortiz Hernandez PHONE: 503-381-7825 EMAIL: Suavecitopdx@gmail.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: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 50 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 20

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: 10 AM CLOSE: 2:30 AM FRIDAY & SATURDAY OPEN: 10:00 AM CLOSE: 2:30 AM

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 PM HOW LATE WILL THERE BE ENTERTAINMENT? 2:00 AM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: 2nd Ave Sport BAR

NAME & ADDRESS OF PROPERTY OWNER: _____

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): SPORTS 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

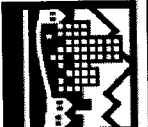
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: _____

DATE: 02-15-18



City of Portland, Oregon - Bureau of Development Services
 1900 SW Fourth Avenue • Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds



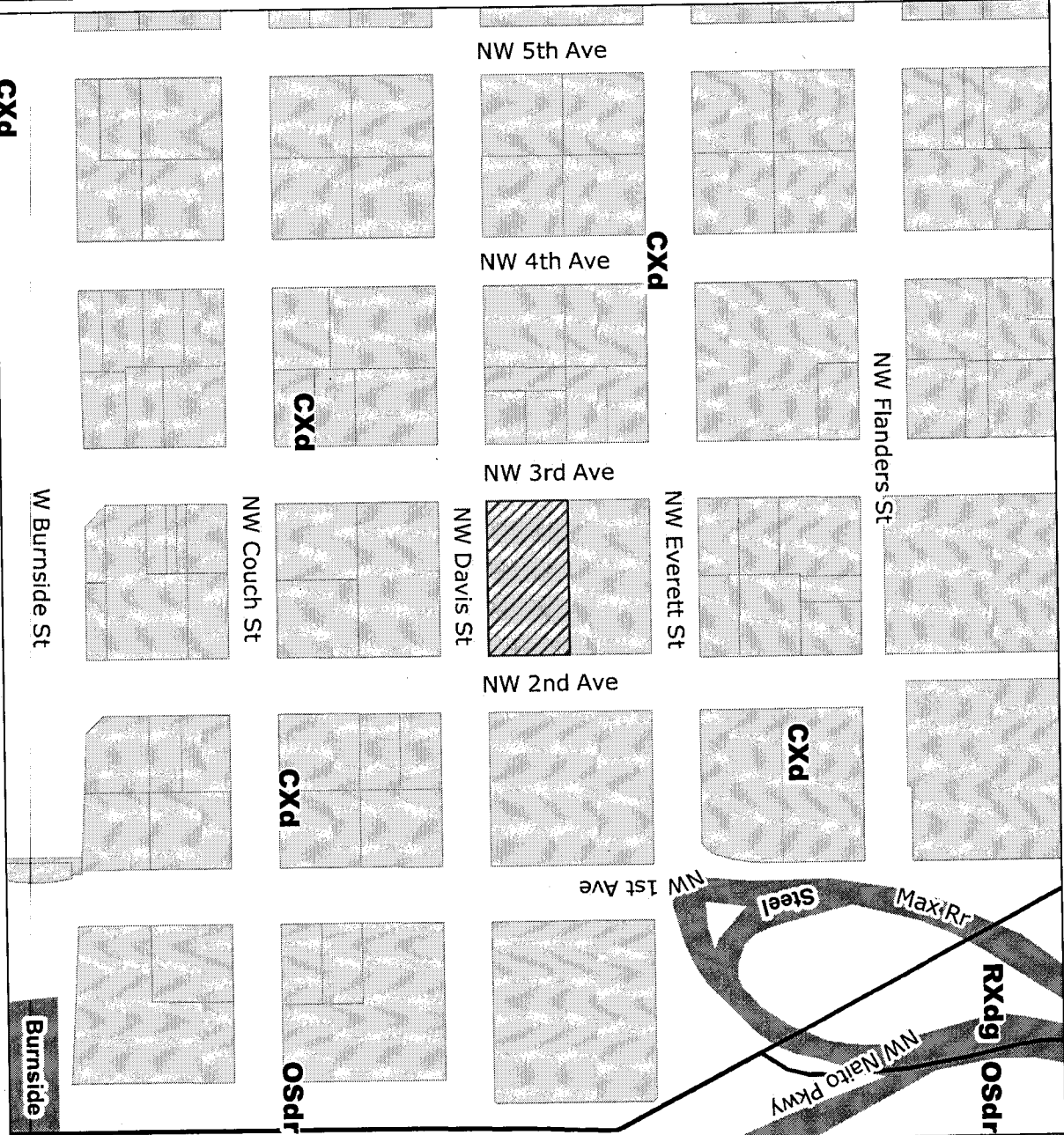
ZONING VERIFICATION

Address: 217 NW 2ND AVE
 R#: R140364
 State ID: 1N1E34CA 4600

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:
 Per 33.130.100 and Table 130-1, Retail Sales and Service Uses are allowed by right. The use is not restricted by the Plan District.



Timothy Novak
 Name of City Official

City Planner
 Title
 503-823-5395
 Contact Number
 Signature of Official
 Date 2 / 20 / 2018