



OREGON LIQUOR CONTROL COMMISSION

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

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:

n/o

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

Applicant #1
Life of Pie NW LLC

Applicant #2
Rec'd by Portland
Liquor Licenses

Applicant #3

Applicant #4
FEB 23 2018
PD \$100 ck
1080

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

Life of Pie

3. Business Location: Number and Street

1765 NW 23rd Ave

City **Portland**

County **Multnomah**

ZIP **97210**

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 **3632 N Williams Ave**

City **Portland**

State **OR**

ZIP **97227**

6. Phone Number of the Business Location: **503-957-1098**

7. Contact Person for this Application:

Name **Jason Kallingal**

Phone Number **503-957-1098**

Mailing Address, City, State, ZIP

3632 N Williams Ave, Portland, Or 97227

Email **jason.kallingal@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]

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4

RECEIVED FEB 01 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Lite of Pie NW LLC Phone: 503-957-1098

Trade Name (dba): Lite of Pie

Business Location Address: 1765 NW 23rd Ave

City: Portland ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 10pm
 Monday 11am to 10pm
 Tuesday 11am to 10pm
 Wednesday 11am to 10pm
 Thursday 11am to 10pm
 Friday 11am to 10pm
 Saturday 11am to 10pm

Outdoor Area Hours:

Sunday 11am to 10pm
 Monday 11am to 10pm
 Tuesday 11am to 10pm
 Wednesday 11am to 10pm
 Thursday 11am to 10pm
 Friday 11am to 10pm
 Saturday 11am to 10pm

The outdoor area is used for:

- Food service Hours: 11am to 10pm
- Alcohol service Hours: 11am to 10pm
- 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 _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 50 Outdoor: 20
 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: 2/1/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1375797-93

Please Print or Type

LLC Name: Life of Pie NW LLC

Year Filed: 2017 ✓

Trade Name (dba): Life of Pie

Business Location Address: 1765 NW 23rd Ave

City: Portland

ZIP Code: 97210

List Members of LLC:

1. Jason Kallingal
(managing member)
2. _____
(members)
3. _____
4. _____
5. _____
6. _____

Percentage of Membership Interest:

100

(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: Jason Kallingal

DOB: 07/26/1982

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

Signature: _____

(name)

Owner
(title)

Date: 1/31/18

1-800-452-OLCC (6522)

www.olcc.state.or.us

(rev. 8/11)

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: Life of Pie NW LLC

DBA OR TRADE NAME: Life of Pie PHONE: 503-957-1098 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1765 NW 23rd Ave Portland, OR 97210

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

CONTACT PERSON: Jason Kallings PHONE: 503-957-1098 EMAIL: jason.kallings@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: 1800 sq. ft.

EXISTING BUILDING: Yes No

ZONING: CSD

STRUCTURAL CHANGES (DESCRIBE): _____

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

DESCRIBE SECURITY: Managers and staff will monitor all seating areas.

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: 11am ~~10am~~ CLOSE: 10pm FRIDAY & SATURDAY OPEN: 11am CLOSE: 10pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 10pm HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____

NAME & ADDRESS OF PROPERTY OWNER: CE John Properties 65 LLC, 1701 SE Columbia River Drive Vancouver, WA 98661

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: [Signature] DATE: 2/18/18

Database Search Panel

Owner Name: C E JOHN PROPERTIES 65 LLC %

Site Address: 2323 NW SAVER ST

State ID: INJE8CC 7800

Account #: R141409

Search [Clear] [PortlandMaps]

Geocode Address When Tabled Not Found

Search is Based on Active Field Only

Hide Personal Property Accounts

Display Tabled Detail Window

Navigate Query Results [N] [S] [E] [W]

Owner: C E JOHN PROPERTIES 2323 NW SAVER ST

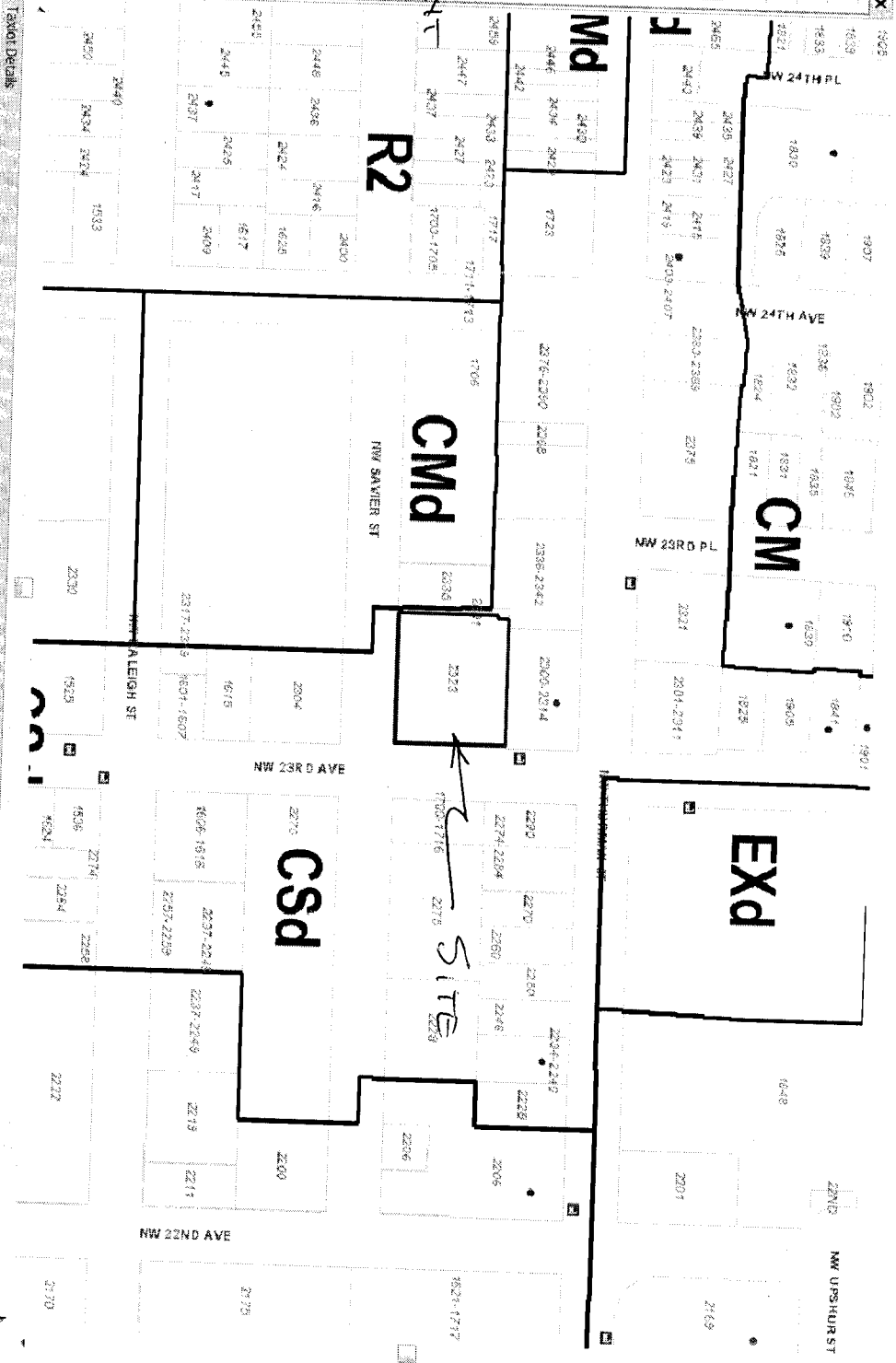
Site Address: State

Supply by Frittle

SITE IS ZONED
CSD - STOREFRONT
COMMERCIAL,
RETAIL SALES AND
SERVICE ALLOWED
BY RIGHT.

503.823.7919
 2/13/18

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



Tabled Details

Lot Size: 17013 sqft

Building Size: 47976 sqft

Map Number: 2827

Map Description: COUCHS ADD, BLOCK 312, LOT 2 2-6 TL 7800 6-TL 7800

Lot & Block: 312

Map Information:

C E JOHN PROPERTIES 65 LLC % C E JOHN CO

1701 SE COLUMBIA RIVER DR

WANKOUBER, WA 98061-9078

Map Information:

Conservation District:

Jurisdiction: Portland

% Section Map

Tax Map

Zoning Map

Part District: NORTHWEST

Subdistrict:

Subarea:

Subarea:

LUR Case History: (3 Cases)

EA 15-236747 PC

LU 15-281978 DZM

MP 95-87

PR 08-106215

PR 08-106225

LUR Search