



# 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 *[Signature]*

Date 2-6-18

License Action: n/o

Rec'd by Portland  
Liquor Licenses

**FEB 26 2018**

PD # 100000  
004897

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

Applicant #1 <del>Israel Morales</del> <u>Troika Spirits LLC</u>	Applicant #2 <del>Bonnie Morales</del> <u>Kachka LLC</u>
Applicant #3	Applicant #4

**2. Trade Name of the Business (the name customers will see):**  
Troika Lavka / Kachka

**3. Business Location: Number and Street 960 SE 11th Avenue**

City <u>Portland</u>	County <u>Multnomah</u>	ZIP <u>97214</u>
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**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 720 SE Grand Avenue

City <u>Portland</u>	State <u>Oregon</u>	ZIP <u>97214</u>
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**6. Phone Number of the Business Location: n/a**

**7. Contact Person for this Application:**

Name <u>Israel Morales</u>	Phone Number <u>312-504-0709</u>
Mailing Address, City, State, ZIP <u>1855 SE 104th Avenue, Portland, Oregon 97216</u>	
Email <u>info@troikaspirits.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>[Signature]</u>	Signature of Applicant #2 <u>[Signature]</u>
Signature of Applicant #3	Signature of Applicant #4



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Troika Spirits LLC + Kachka LLC Phone: 312-504-0709

Trade Name (dba): Troika Lavka / Kachka

Business Location Address: 960 SE 11th Avenue

City: Portland ZIP Code: 97216

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>9am</u>	to	<u>2am</u>
Monday	<u>9am</u>	to	<u>2am</u>
Tuesday	<u>9am</u>	to	<u>2am</u>
Wednesday	<u>9am</u>	to	<u>2am</u>
Thursday	<u>9am</u>	to	<u>2am</u>
Friday	<u>9am</u>	to	<u>2am</u>
Saturday	<u>9am</u>	to	<u>2am</u>

#### Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: 9am to 11pm
- Alcohol service Hours: 9am to 11pm
- Enclosed, how Sidewalk Seating

The exterior area is adequately viewed and/or supervised by Service Permittees.

\_\_\_\_\_ (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: Outdoor areas will not be in operation during inclement weather

### 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: 60 Outdoor: 8

Lounge: 14 Other (explain): \_\_\_\_\_

Banquet: 32 Total Seating: 114

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: \_\_\_\_\_ Date: 01.24.18

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1124222-90

Please Print or Type

LLC Name: Troika Spirits LLC Year Filed: 2015 ✓

Trade Name (dba): Troika Lavka / Kachka

Business Location Address: ~~720 SE Grand Avenue~~ 960 SE 11<sup>th</sup> Ave.

City: Portland ZIP Code: 97214

List Members of LLC:

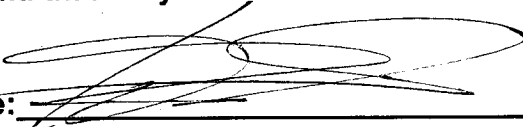
Percentage of Membership Interest:

- |   |            |
|---|------------|
| 1. <u>Israel Morales</u><br>(managing member) | <u>50%</u> |
| 2. <u>Bonnie Morales</u><br>(members)         | <u>50%</u> |
| 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: Israel Morales DOB: 01/30/1979

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

Signature:  (name) Owner (title) Date: 01.24.18

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



924752-93

Please Print or Type

LLC Name: Kachka LLC Year Filed: 2013 ✓

Trade Name (dba): Troika Lavka / Kachka

Business Location Address: 960 SE 11th Ave.

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Israel Morales</u> (managing member)	<u>50</u>
2. <u>Bonnie Morales</u> (members)	<u>50</u>
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: Israel Morales DOB: 01/30/1979

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

Signature: [Signature] Date: 02.05.2018  
(name) (date)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: Troika Spots & Kadka LLC

DBA OR TRADE NAME: Kadka & Troika PHONE: 503-235-0059 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 960 SE 11<sup>th</sup> Avenue Portland OR 97214

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

CONTACT PERSON: Israel Maddes PHONE: 503-235-0059 EMAIL: israel@kadkax.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: I.G.1

STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: 60 LOUNGE SEATING CAPACITY: 17 OUTSIDE SEATING CAPACITY: 8

DESCRIBE SECURITY: Security Cameras

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: 9:00 am CLOSE: 12:00 am FRIDAY & SATURDAY OPEN: 9:00 am CLOSE: 12:00 am

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 hrs HOW LATE WILL THERE BE ENTERTAINMENT? N/A

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: New Construction

NAME & ADDRESS OF PROPERTY OWNER: N/A

## 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: \_\_\_\_\_ DATE: 02-28-18



# City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue · Portland, Oregon 97201 | 503-823-7300 | [www.portlandoregon.gov/bds](http://www.portlandoregon.gov/bds)



## ZONING VERIFICATION

Address: 1010 SE 11TH AVE

R#: R176896

State ID: 1S1E02BD 2400

*(includes 960 SE 11<sup>th</sup>)*

Zone: IG1, EXd

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is a LIMITED use in the IG1, EXd zone

### Additional Comments:

Retail Sales and Service limited to 1 per site, up to 3,000 square feet.

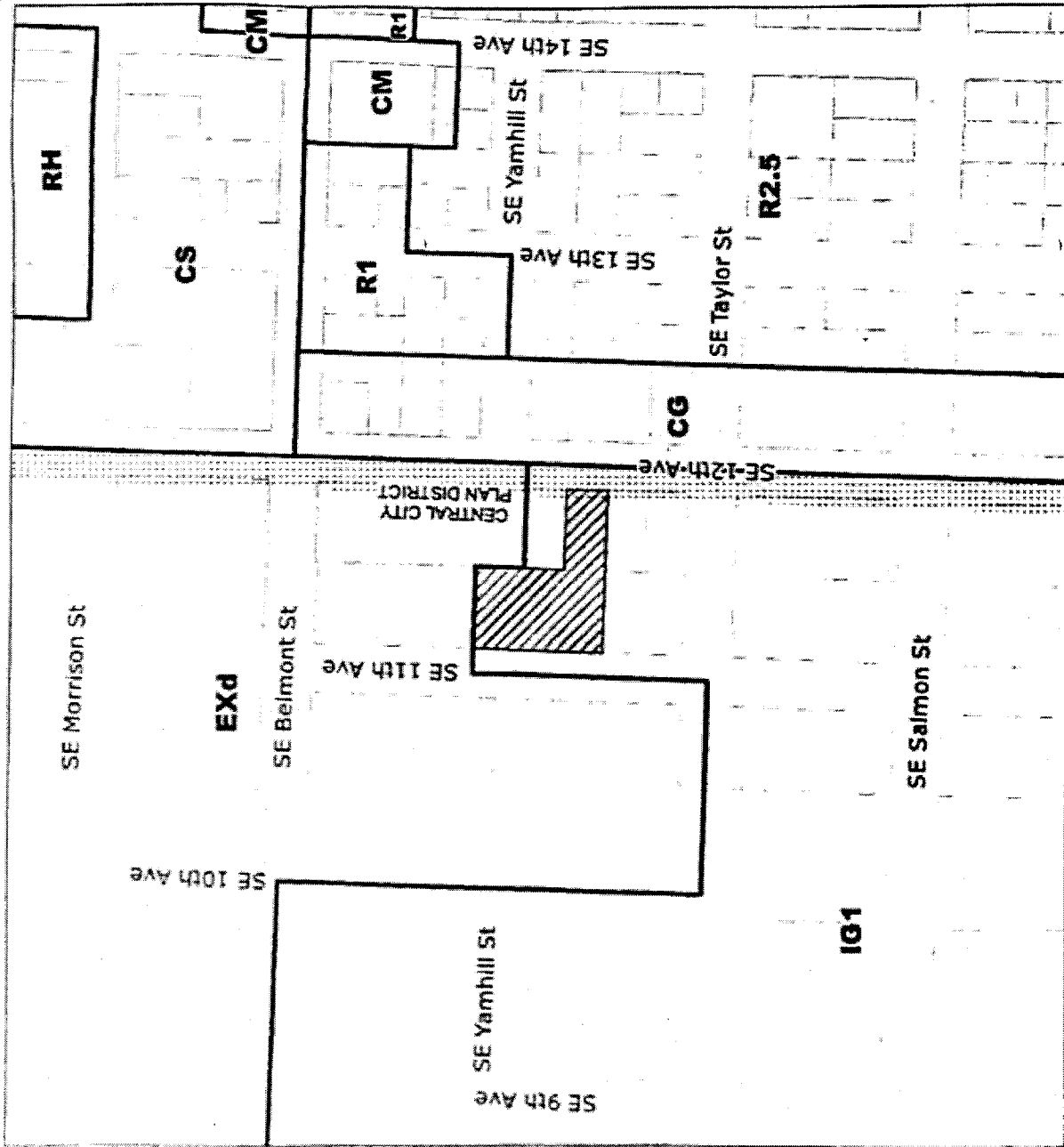
*Katie Moore*  
Name of City Official

*City Planner II*  
Title

*503-823-7344*  
Contact Number

*Katie Moore*  
Signature of Official

*1/19/18*  
Date



1 inch = 200 feet