



# 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

*265243*

## 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 *2-20-18*

License Action: *40 C/TN*

Rec'd by Portland  
Liquor Licenses

*FEB 26 2018*  
*PD 7500*  
*# 10001*

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

Applicant #1

*SMART MOUTH INC.*

Applicant #2

Applicant #3

Applicant #4

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

*GRAVY*

### 3. Business Location: Number and Street

*3101 NE SANDY BLVD.*

City *PORTLAND*

County *MULTNOMAH*

ZIP *97232*

### 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

*3957 N MISSISSIPPI AVE*

City *PORTLAND*

State *OR*

ZIP *97227*

### 6. Phone Number of the Business Location:

*503-317-6967*

### 7. Contact Person for this Application:

Name *MARK GRECO*

Phone Number *503-317-6967*

Mailing Address, City, State, ZIP

*3957 N. MISSISSIPPI AVE PORTLAND OR 97227*

Email ~~*gravymg*~~ *GRAVYMG@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 of Applicant #3

Signature of Applicant #2

Signature of Applicant #4

RECEIVED



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: SMART MOUTH INC Phone: 503.317.6967

Trade Name (dba): GRAVY

Business Location Address: 3101 NE SANDY BLVD

City: PORTLAND ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7:30A to 3:00P
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

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
Alcohol service
Enclosed, how

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

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: I MAY APPLY FOR AN OUTDOOR PERMIT IN THE FUTURE

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: 48 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: Date: 2-5-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

164184-93

Please Print or Type

Corporation Name: SMART MOUTH INC. Year Incorporated: 2003

Trade Name (dba): GRAVY

Business Location Address: 3101 NE Sandy Blvd. (crossed out: 3957 N. MISSISSIPPI AVE)

City: PORTLAND ZIP Code: 97227 97232

List Corporate Officers:

MARK GRECO (name) PRESIDENT (title)
SECRETARY
TREASURER

List Board of Directors:

MARK GRECO (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). Entry: MARK GRECO, 100%

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 (title) Date: 2-5-18

# 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: SMART MOUTH INC

DBA OR TRADE NAME: GRAYV PHONE: 503-327-8806 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 3101 NE SANDY BLVD PORTLAND 97232

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

CONTACT PERSON: MARK GRECO PHONE: 503-317-6967 EMAIL: GRAYVMG@GMAIL

## DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart  Night Club  
 Restaurant  Sports Bar  
 Convenience Store  Other: \_\_\_\_\_

SIZE OF SERVICE AREA: 20" X 40"

EXISTING BUILDING:  Yes  No

ZONING: \_\_\_\_\_

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

RESTAURANT SEATING CAPACITY: 48 LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: \_\_\_\_\_

DESCRIBE SECURITY: ALARM SYSTEM - DOOR? MOTION SENSORS - VIDEO MONITORING

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: 7:30 AM CLOSE: 3:00 PM FRIDAY & SATURDAY OPEN: 7:30 AM CLOSE: 3:00 PM

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

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: HARVEST

NAME & ADDRESS OF PROPERTY OWNER: BINDERY LLC (3115) 323 NW 13TH AVE #403 PORTLAND OR 97209

## 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: 2-26-2018



# 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: 3115 NE SANDY BLVD

R#: R171991

State ID: 1N1E36BA 3801

Zone: CSdj

Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is an ALLOWED use in the CSdj zone

### Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Service uses allowed by right.

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

**Suzan Poisner**

Name of City Official

**City Planner**

Title

**503-823-5804**

Contact Number

Signature of Official

**2 / 23 / 2018**

Date

