



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 2-21-18

License Action:

n/o

Rec'd by Portland
Liquor Licenses

FEB 27 2018

PD # 100
107

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

Applicant #1

The Classroom LLC

Applicant #2

Applicant #3

Applicant #4

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

Cookshop

3. Business Location: Number and Street 2627 SE Clinton street

City Portland

County Multnomah

ZIP 97202

4. Is the business at this location currently licensed by the OLCC? Yes No

5. Mailing Address (where the OLCC will send your mail): 3135 SE 25th Ave

PO Box, Number, Street, Rural Route

City Portland

State OR

ZIP 97202

6. Phone Number of the Business Location: 503-314-6868

7. Contact Person for this Application:

Name Meredith Mortensen

Phone Number 503-314-6868

Mailing Address, City, State, ZIP

3135 SE 25th Ave, Portland, OR 97202

Email meredith.mortensen@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

RECEIVED

Signature of Applicant #3

Signature of Applicant #4

FEB 10 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: The Classroom LLC Phone: 503.314.6868

Trade Name (dba): Cookshop

Business Location Address: 2627 SE Clinton St.

City: Portland ZIP Code: 97202

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>9^{am}</u> to <u>8^{pm}</u>
Monday	<u>9^{am}</u> to <u>8^{pm}</u>
Tuesday	<u>9^{am}</u> to <u>10^{pm}</u>
Wednesday	<u>9^{am}</u> to <u>10^{pm}</u>
Thursday	<u>9^{am}</u> to <u>10^{pm}</u>
Friday	<u>9^{am}</u> to <u>10^{pm}</u>
Saturday	<u>9^{am}</u> to <u>10^{pm}</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: Hours of operation are dependent on class being in session (cooking classes). The earliest a class will start is 9am, the latest they will go is 10pm.

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: 33 Outdoor: _____ (12 at classroom islands)

Lounge: _____ Other (explain): 32 (20 at tables)

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: 2/3/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1389313-99

Please Print or Type

LLC Name: The Classroom LLC Year Filed: 2017 ✓

Trade Name (dba): Cookshop

Business Location Address: 2627 SE Clinton Street

City: Portland ZIP Code: 97202

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|-------------|
| 1. <u>Meredith Mortensen</u>
(managing member) | <u>100%</u> |
| 2. _____
(members) | _____ |
| 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: Meredith Mortensen DOB: 5/20/1975

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

Signature: Meredith Mortensen (name) Owner (title) Date: 2/21/18

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: The Classroom LLC

DBA OR TRADE NAME: Cookshop PHONE: 503-314-6868 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 2627 SE Clinton Street, Portland OR 97202

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

CONTACT PERSON: Meredith Mortensen PHONE: 503-314-6868 EMAIL: meredith@portlandcookshop.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Food Cart	<input type="checkbox"/> Night Club	SIZE OF SERVICE AREA: <u>800 sq ft.</u>
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sports Bar	EXISTING BUILDING: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Convenience Store	<input checked="" type="checkbox"/> Other: <u>cooking class studio</u>	ZONING: <u>commercial / retail</u>
RESTAURANT SEATING CAPACITY: <u>24</u>		LOUNGE SEATING CAPACITY: _____
OUTSIDE SEATING CAPACITY: _____		STRUCTURAL CHANGES (DESCRIBE): _____

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: 9 am CLOSE: 10 pm FRIDAY & SATURDAY OPEN: 9 am CLOSE: 10 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? - HOW LATE WILL THERE BE ENTERTAINMENT? -

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Ola Hansen (retail clothing shop)

NAME & ADDRESS OF PROPERTY OWNER: Craig Swinford, 26 Clinton LLC
PO Box 9355, Portland OR 97207

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Dancing	<input type="checkbox"/> Video Poker	<input type="checkbox"/> Live Music	<input type="checkbox"/> Nude Dancers
<input type="checkbox"/> Karaoke	<input type="checkbox"/> Video Games/Pinball	<input type="checkbox"/> Recorded Music	<input type="checkbox"/> DJ Entertainment
<input type="checkbox"/> Pool Tables (How Many): _____	<input type="checkbox"/> Events (Describe): _____	<input type="checkbox"/> 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.

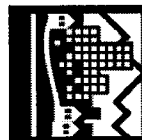
Use this area to provide any additional information that you wish to be considered on this liquor application

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

SIGNATURE: [Signature] DATE: 2/26/18



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: 2627 SE CLINTON ST

R#: R150688

State ID: 1S1E12BB 5500

Zone: CS

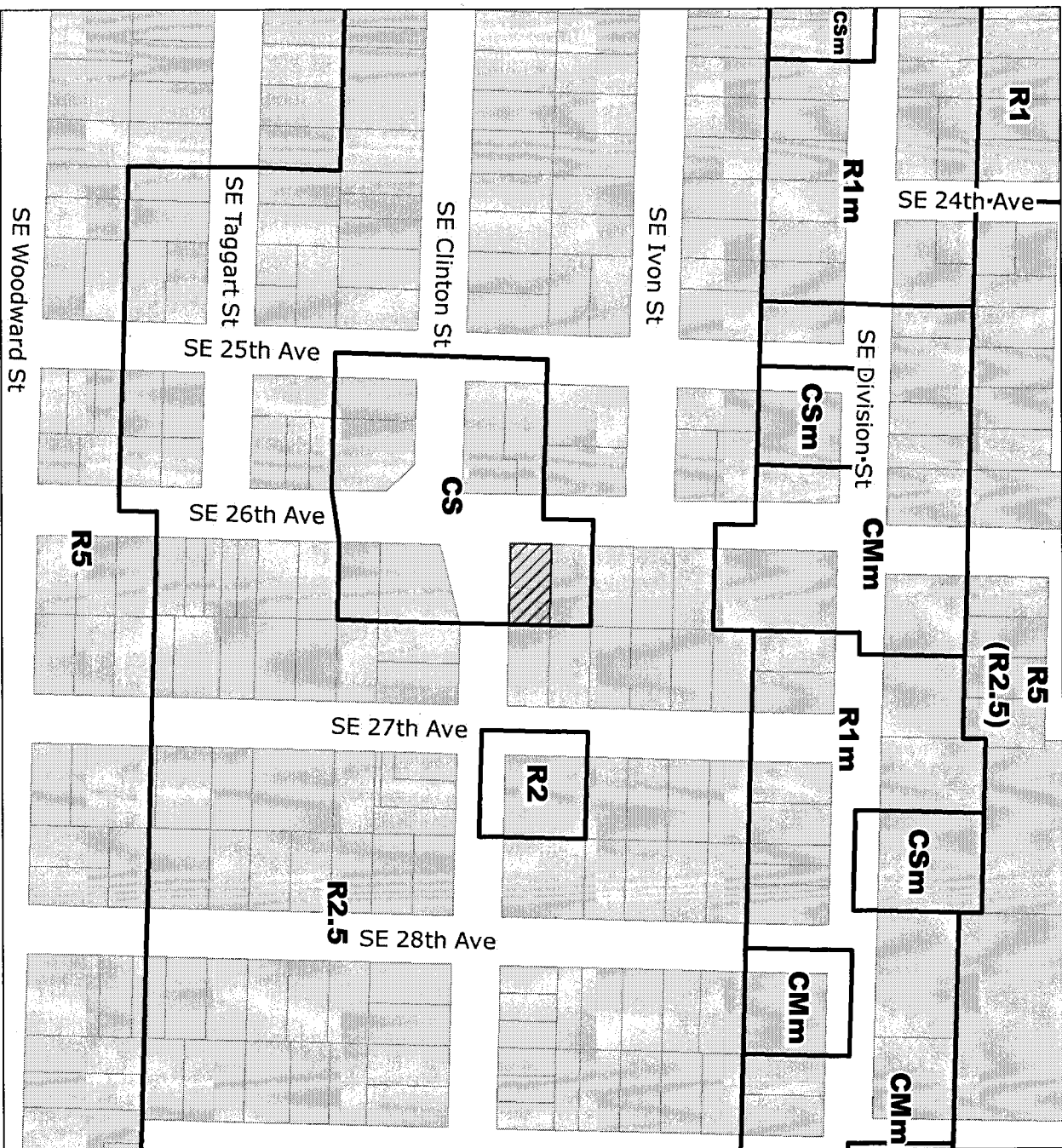
Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**

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

Additional Comments:

Retail Sales and Service Use allowed by right per 33.130.100 and Table 130-1.



1 inch = 200 feet



Jamie Ostenson
 Name of City Official
City Planner
 Title
503-823-4987
 Contact Number

 Signature of Official
2 /27 /2018
 Date