



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Rosanna Tam, Either/Or LLC Phone: 503 327 1337

Trade Name (dba): Either/Or

Business Location Address: 4003 N Williams Ave

City: Portland ZIP Code: 97227

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>7</u>	to	<u>7</u>
Monday	<u>7</u>	to	<u>7</u>
Tuesday	<u>7</u>	to	<u>7</u>
Wednesday	<u>7</u>	to	<u>7</u>
Thursday	<u>7</u>	to	<u>7</u>
Friday	<u>7</u>	to	<u>7</u>
Saturday	<u>7</u>	to	<u>7</u>

Outdoor Area Hours:

Sunday	<u>7</u>	to	<u>7</u>
Monday	<u>7</u>	to	<u>7</u>
Tuesday	<u>7</u>	to	<u>7</u>
Wednesday	<u>7</u>	to	<u>7</u>
Thursday	<u>7</u>	to	<u>7</u>
Friday	<u>7</u>	to	<u>7</u>
Saturday	<u>7</u>	to	<u>7</u>

The outdoor area is used for:

Food service Hours: 7 to 7

Alcohol service Hours: 7 to 7

Enclosed, how _____

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

_____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Once we have our dinner service dialed, we'll probably stay open until 10pm

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: 33 Outdoor: 6

Lounge: _____ Other (explain): 5 additional seats at Bar/counter

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: 2/19/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



881625-90

Please Print or Type

LLC Name: Either/OR LLC Year Filed: 2013 2012

Trade Name (dba): Either/OR

Business Location Address: 4003 N Williams Ave

City: Portland ZIP Code: 97227

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|-------------|
| 1. <u>Rosanna Tam</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: Angela Fink DOB: 4/26/81
SE 5/17/03 exp. 5/17/08

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

Signature: [Signature] (name) owner (title) Date: 2/19/13

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: Either OR LLC

DBA OR TRADE NAME: Either/or cafe PHONE: 503 327 1337 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 4003 N Williams Ave POX, OR 97212

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

CONTACT PERSON: Rosanna Tam PHONE: 503 327 1337 EMAIL: either.or.cafe@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Coffee Shop

SIZE OF SERVICE AREA: 420 sq ft

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 40 33 LOUNGE SEATING CAPACITY: 5 at counter OUTSIDE SEATING CAPACITY: 6-8

DESCRIBE SECURITY: Trained OLCC Permitted staff & 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: 7am CLOSE: 7pm FRIDAY & SATURDAY OPEN: 7am CLOSE: 7pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 7pm HOW LATE WILL THERE BE ENTERTAINMENT? ✓

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: TESOGRIA

NAME & ADDRESS OF PROPERTY OWNER: 4025 N Williams LLC

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

After we have full dinner service this summer, we will probably extend our hours to 10pm

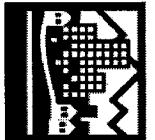
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature] DATE: 3/5/18



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: 4003-4019 N WILLIAMS AVE

R#: R103285

State ID: 1N1E22DB 13500

Zone: EXd
Plan District:

Proposed Use: RETAIL SALES AND SERVICE
RETAIL SALES AND SERVICE is an ALLOWED use in the EXd zone

Additional Comments:

Retail sales and service allowed in EXd zoning by 33.140.100 and Table 140-1



Thomas Soppe
Name of City Official

City Planner
Title

503-823-7908
Contact Number

Signature of Official

3 / **7** / **2018**
Date