



# 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 3-6-18

License Action: n/o

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

Applicant #1 <u>MLK Market LLC</u>	Applicant #2 _____
<del>DESALEGNE GODE</del>	Rec'd by Portland Liquor Licenses
Applicant #3 _____	Applicant #4 _____
	MAR 09 2018
	PD \$100
	# <u>cash</u>

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

**3. Business Location: Number and Street** 4118 NE Martin Luther King Blvd  
 City Portland County Multnomah ZIP 97212

**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 4614 NE Cleveland Ave  
 City Portland State OR ZIP 97211

**6. Phone Number of the Business Location:** 971-506-0973

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

Name <u>Desalegne Gode</u>	Phone Number <u>971-506-0973</u>
Mailing Address, City, State, ZIP <u>4614 NE Cleveland Ave, Port, OR 97211</u>	
Email <u>gode1951@gmail.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><i>[Signature]</i></u>	Signature of Applicant #2 _____
Signature of Applicant #3 _____	Signature of Applicant #4 _____

RECEIVED FEB 25 2018



OREGON LIQUOR CONTROL COMMISSION  
BUSINESS INFORMATION

Please Print or Type

Applicant Name: MLK Market LLC  
~~Code Desalerno-B-Gate~~ Phone: 971-506-0973  
Trade Name (dba): MLK Market  
Business Location Address: 4118 NE MLK-JR. BLVD  
City: portland OR ZIP Code: 97212

**DAYS AND HOURS OF OPERATION**

Business Hours:

Sunday 10 to 9  
Monday 10 to 9  
Tuesday 10 to 9  
Wednesday 10 to 9  
Thursday 10 to 9  
Friday 10 to 9  
Saturday 10 to 9

Outdoor Area Hours: n/a

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)

n/a

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

**ENTERTAINMENT**

Check all that apply:

- Live Music
- Recorded Music
- DJ Music
- Dancing
- Nude Entertainers
- Karaoke n/a
- 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: \_\_\_\_\_ 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: Code Desalerno Date: 2/27/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



898365-98

Please Print or Type

LLC Name: MLK Market 2 LC Year Filed: 2012

Trade Name (dba): MLK Market

Business Location Address: 4118 NE MLK JR BLVD

City: Portland OR ZIP Code: 97212

List Members of LLC:

Percentage of Membership Interest:

1. Desalema B. Gode  
(managing member)

100%

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: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Signature: Desalema B. Gode owner Date: 2/27/18  
(name) (title)

# 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: MLK Market LLC

DBA OR TRADE NAME: MLK market PHONE: 971-506-0973 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): 4118 NE MLK

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

CONTACT PERSON: Desalegn - B. Code PHONE: 971-506-0973 EMAIL: code1951@gmail.com

**DESCRIPTION OF OUTLET**

**TYPE OF OPERATION (CHECK ALL THAT APPLY)**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Food Cart                    | <input type="checkbox"/> Night Club   |
| <input type="checkbox"/> Restaurant                   | <input type="checkbox"/> Sports Bar   |
| <input checked="" type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: \_\_\_\_\_

EXISTING BUILDING:  Yes  No

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

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

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

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: 10 AM CLOSE: 9 PM FRIDAY & SATURDAY OPEN: 10 AM CLOSE: 9 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? \_\_\_\_\_

HOW LATE WILL THERE BE ENTERTAINMENT? \_\_\_\_\_

**HISTORY OF LOCATION**

PREVIOUS BUSINESS NAME OF THIS LOCATION: NA

NAME & ADDRESS OF PROPERTY OWNER: \_\_\_\_\_

**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

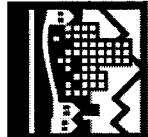
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Desalegn DATE: 3/9/18



# 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: 405 NE MASON ST

R#: R207398

State ID: 1N1E23CB 6800

Zone: RHD

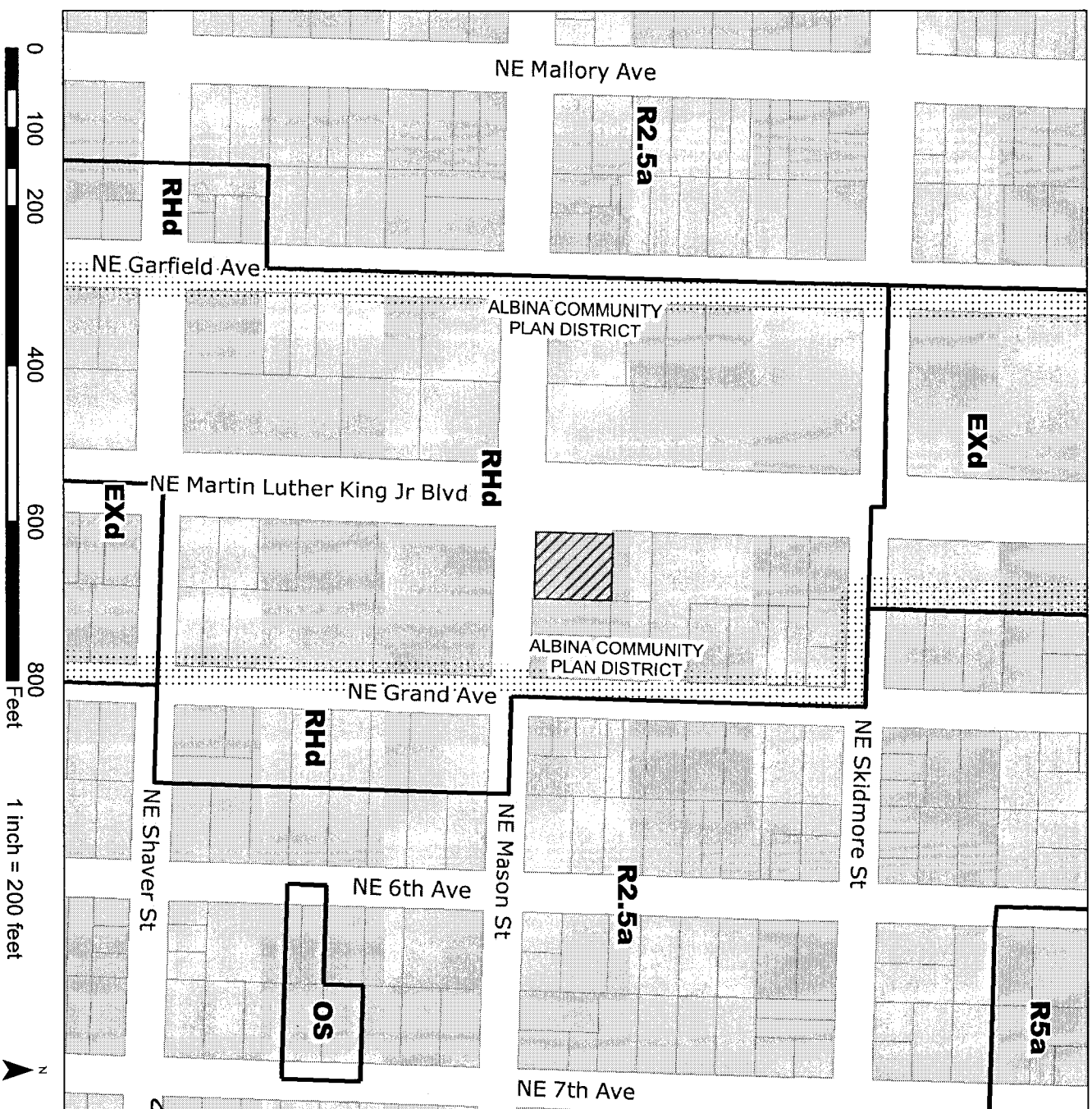
Plan District: ALBINA COMMUNITY

Proposed Use: RETAIL SALES AND SERVICE

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

### Additional Comments:

Per 33.505.100, RH zoned sites located on blocks that about Martin Luther King Jr. Boulevard may include Retail Sales and Service and Office uses as part of new residential developments, provided they meet the standards of subsection C.



**Timothy Novak**  
Name of City Official

**City Planner**  
Title

**503-823-5395**  
Contact Number

Signature of Official  
*Timothy Novak*

**3 / 9** / 2018  
Date