



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

LL 259640
OL 259641

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 3-20-18

License Action:
9/0 c/n

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		
Applicant #1 CAPITOL EXPRESS LLC	Applicant #2	Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4	MAR 21 2018 PD CC \$75.00 # 828061
2. Trade Name of the Business (the name customers will see): CAPITOL HIGHWAY DELI MART		
3. Business Location: Number and Street 11102 SW CAPITOL HIGHWAY		
City PORTLAND	County MULTNOMAH	ZIP 97219
4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Mailing Address (where the OLCC will send your mail):		
PO Box, Number, Street, Rural Route 11102 SW CAPITOAL HIGHWAY		
City PORTLAND	State OR	ZIP 97219
6. Phone Number of the Business Location: (503) 245-1676		
7. Contact Person for this Application:		
Name HIEN DUC NGUYEN	Phone Number (408) 515-6165	
Mailing Address, City, State, ZIP 15815 SW KITTIWAKE CT. BEAVERTON, OR 97007		
Email hien.nguyen.usa@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 <u>[Signature]</u>	Signature of Applicant #2	
Signature of Applicant #3	Signature of Applicant #4	

RECEIVED MAR 08 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Capitol Express LLC Phone: (503) 245-1676

Trade Name (dba): Capitol Highway Deli Mart

Business Location Address: 11102 SW Capitol Highway

City: Portland ZIP Code: 97219

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8:00 AM to 12:00 AM
 Monday 7:00 AM to 12:00 AM
 Tuesday 7:00 AM to 12:00 AM
 Wednesday 7:00 AM to 12:00 AM
 Thursday 7:00 AM to 12:00 AM
 Friday 7:00 AM to 12:00 AM
 Saturday 8:00 AM to 12:00 AM

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: _____

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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): draft beer
 Banquet: _____ Total Seating: 8

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: Hennigson Date: 2-12-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1408648-93

Please Print or Type

LLC Name: CAPITOL EXPRESS LLC Year Filed: 2018 ✓

Trade Name (dba): CAPITOL HIGHWAY DELI MART

Business Location Address: 11102 SW CAPITOL HIGHWAY

City: PORTLAND ZIP Code: 97219

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>HIEN DUC NGUYEN</u>
(managing member) | <u>50%</u> |
| 2. <u>CHAU HUYEN HUYNH</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: HIEN DUC NGUYEN DOB: 05/23/1964

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

Signature: thunnguyen Date: 3-7-18
(name) (title)

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: Capitol Express LLC

DBA OR TRADE NAME: Capitol Highway Deli Mart PHONE: (503) 245-1676 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 11102 SW Capitol Highway Portland, OR 97219

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Change of owner / ^{on-premises} off-premises

CONTACT PERSON: Hien Nguyen PHONE: (408) 515-6165 EMAIL: hien.nguyen.usa@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

Food Cart Night Club

Restaurant Sports Bar

Convenience Store Other: draft beer

SIZE OF SERVICE AREA: 2400sq

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: _____ ^{market} LOUNGE SEATING CAPACITY: 8 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: 7:00 am CLOSE: 12:00 am ~~FRIDAY & SATURDAY~~ OPEN: 8:00 am CLOSE: 12:00 am
^{Monday - Friday} HOW LATE WILL THERE BE OUTSIDE SEATING? n/a ^{Saturday - Sunday} HOW LATE WILL THERE BE ENTERTAINMENT? n/a

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Same (Capitol Highway Deli Mart)

NAME & ADDRESS OF PROPERTY OWNER: Eddie Lee - 2180 NW Jessamine Way
Portland, OR 97229

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

none

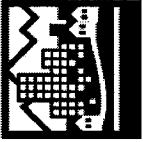
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Hien Nguyen DATE: 3-7-10



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: 11102-11140 SW CAPITOL HWY

R#: R302468

State ID: 1S1E31AA 6800

Zone: CS, CSb
Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CS, CSb 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

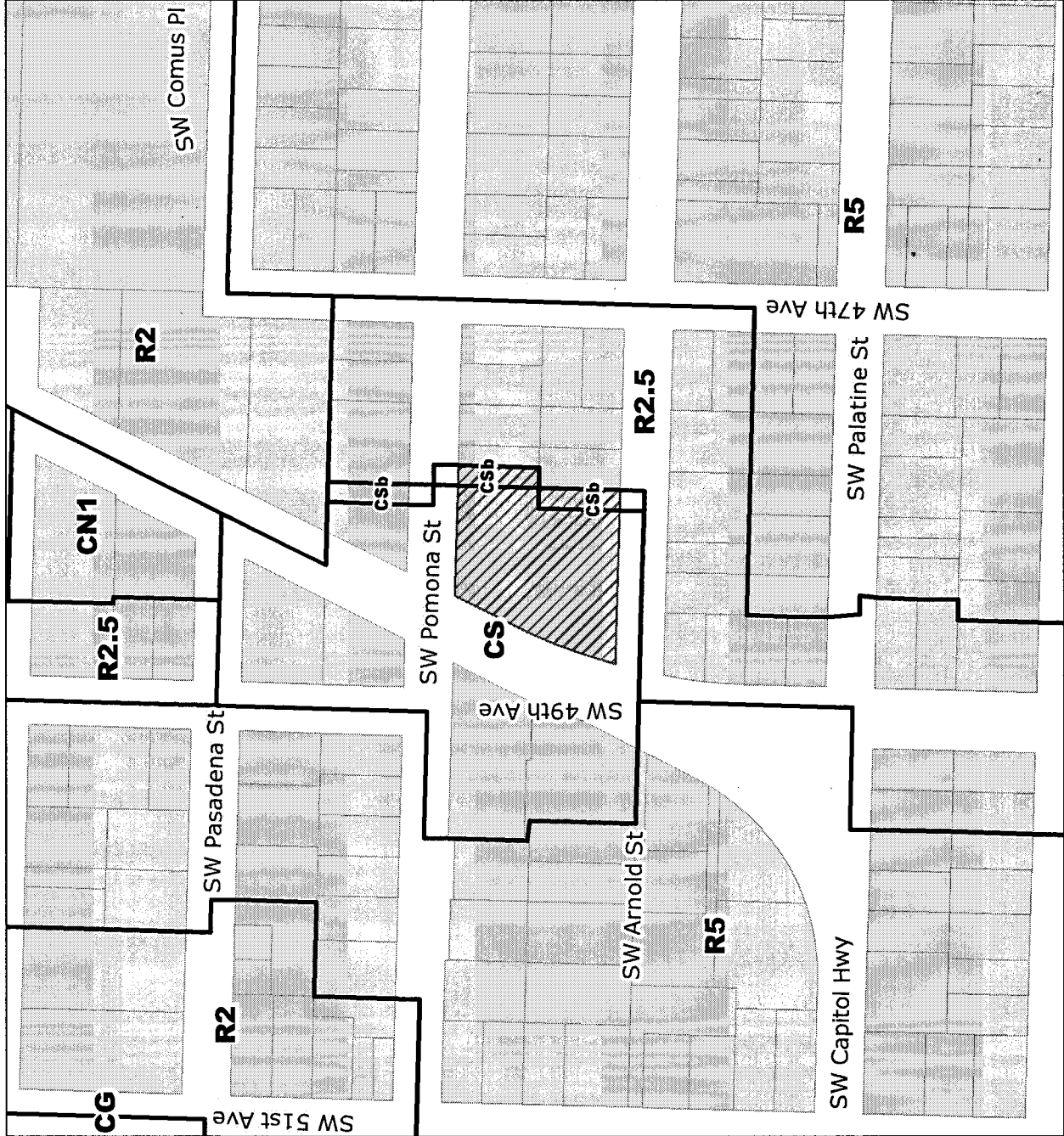
Thomas Soppe
Name of City Official

City Planner
Title

503-823-7908
Contact Number

Signature of Official

3 / **21** / **2018**
Date



1 inch = 200 feet

