



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DT

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

L/266678

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 _____

Date 3-17-18

License Action:
40 c/n 4/priv.

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

Applicant #1 <u>TCHULA LLC</u>	Applicant #2
Applicant #3	Applicant #4

Rec'd by Portland
Liquor Licenses

MAR 22 2018

PD CK 75.00 @

8164

2. Trade Name of the Business (the name customers will see):
CLIVES PUBLIC HOUSE EAST

3. Business Location: Number and Street 5010 NE OREGON ST

City PORTLAND OR County MULTNOMAH ZIP 97213

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 1399 NE MARKET DR

City FAIRVIEW State OR ZIP 97024

6. Phone Number of the Business Location: 503-750-5493

7. Contact Person for this Application:

Name MYLES O'MALLEY Phone Number 503-750-5493

Mailing Address, City, State, ZIP 1399 NE MARKET DR FAIRVIEW OR

Email momalley4@gmail.com 97024

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 #2
Signature of Applicant #3	Signature of Applicant #4

RECEIVED

MAR 05 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type Tchuta LLC
 Applicant Name: MYLES O'MALLEY Phone: 503-750-5493
 Trade Name (dba): CLIVES PUBLIC HOUSE EAST
 Business Location Address: 5010 NE OREGON ST
 City: PORTLAND ZIP Code: 97213

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9am to 9pm
 Monday 11am to 12am
 Tuesday 11am to 12am
 Wednesday 11am to 12am
 Thursday 11am to 12am
 Friday 11am to 12am
 Saturday 9am to 12am

Outdoor Area Hours:

Sunday J/A 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: 64 Outdoor: _____
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 64

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: 3/2/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

Please Print or Type

LLC Name: TCHVLA LLC Year Filed: 2018
Trade Name (dba): CLIVES PUBLIC HOUSE EAST
Business Location Address: 5010 NE OREGON ST
City: PORTLAND OR ZIP Code: 97218

List Members of LLC:

List Members of LLC:	Percentage of Membership Interest:
1. <u>MYLES O'MALLEY</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: MYLES O'MALLEY DOB: 11/18/1969

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

Signature: [Handwritten Signature] Date: 3/17/2018
(name) (date)

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: T CHULA LLC

DBA OR TRADE NAME: CLIVES PUBLIC HOUSE EAST PHONE: 503-750-5493 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 5010 NE OREGON ST PORTLAND OR 97213

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

CONTACT PERSON: MYLES O'MALLEY PHONE: 503-750-5493 EMAIL: momalley4@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 900 sq. ft.

EXISTING BUILDING: Yes No

ZONING: EG2

STRUCTURAL CHANGES (DESCRIBE): NO

RESTAURANT SEATING CAPACITY: 64 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: CONCIERGE DESK

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: 11am CLOSE: 12am FRIDAY & SATURDAY OPEN: 9am CLOSE: 12am

HOW LATE WILL THERE BE OUTSIDE SEATING? NONE HOW LATE WILL THERE BE ENTERTAINMENT? no entertainment

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: same name

NAME & ADDRESS OF PROPERTY OWNER: ROSE CITY FACILITIES LLC
1825 NE 50th AVE Portland OR 97213

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): SOCCER 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

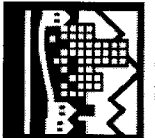
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature] DATE: 3/22/18

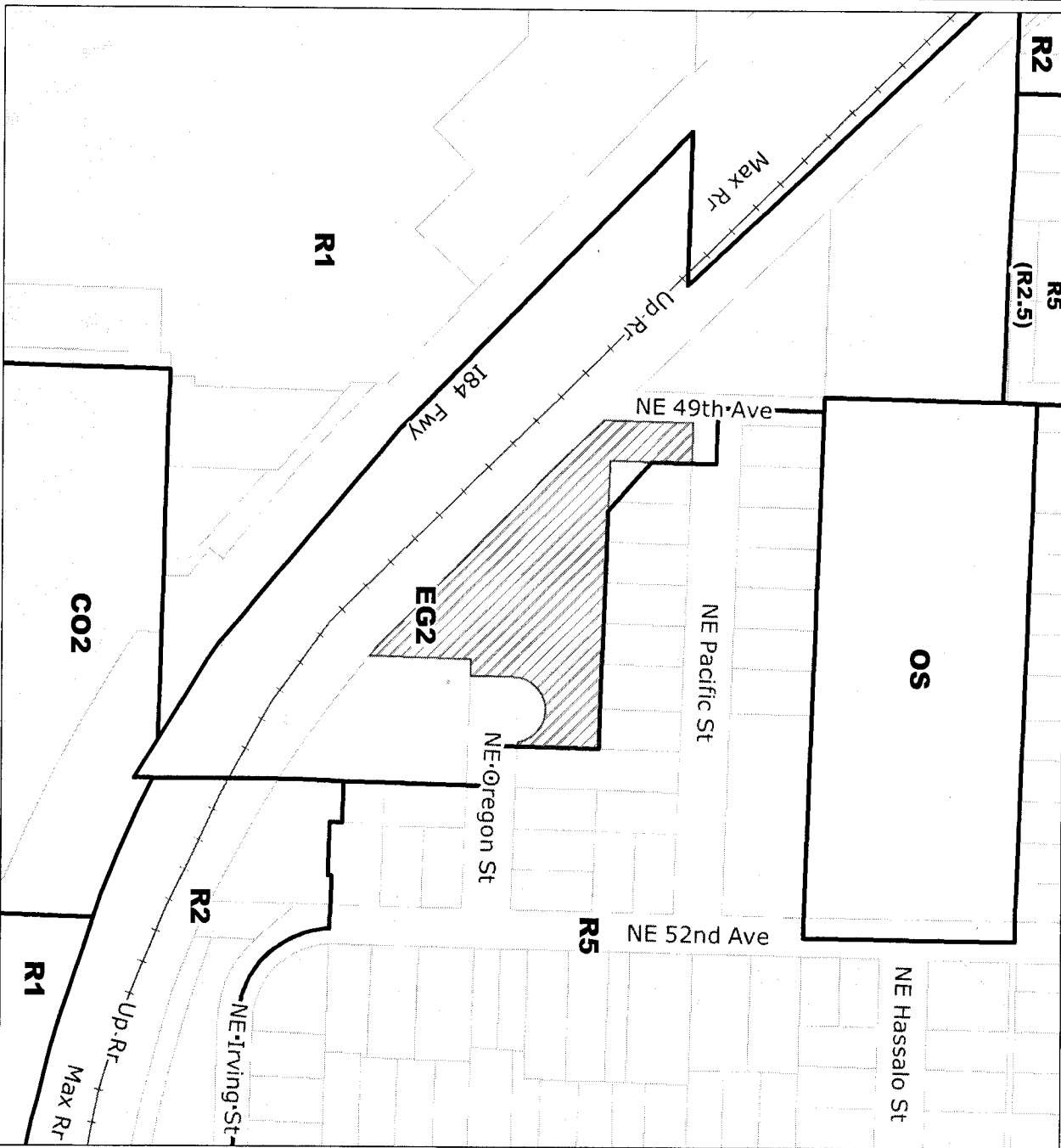


City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue · Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds



R2 **R5**
(R2.5)



ZONING VERIFICATION

Address: 5010-5012 NE OREGON ST

R#: R204390

State ID: 1N2E31BD 1000

Zone: EG2

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the EG2 zone

Additional Comments:

EG2 zone. Retail Sales and Service allowed by right up to 60,000 sq. ft.

Tammy Boren-King

Name of City Official

City Planner

Title

503-823-5765

Contact Number

Signature of Official

3 / 22 / 2018

Date