



pending

LIQUOR LICENSE APPLICATION

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 

Date 3-23-18

License Action:
n/o

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

Applicant #1 <u>MGMD, Inc.</u>	Applicant #2	Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4	MAR 29 2018 PD <u>\$100 ce</u> # <u>086833</u>

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

3. Business Location: Number and Street 535 NE Columbia Blvd.
 City Portland County Mult ZIP 97211

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

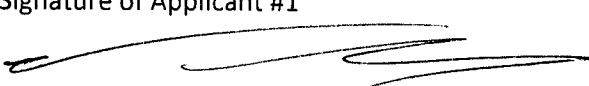
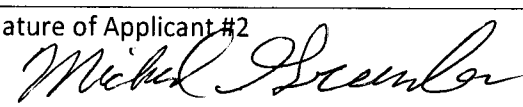
5. Mailing Address (where the OLCC will send your mail):
 PO Box, Number, Street, Rural Route 7654 N. Williams Ave
 City Portland State OR ZIP 97217

6. Phone Number of the Business Location: 503-283-3900

7. Contact Person for this Application: 503-860-3454

Name <u>Mason Daniel</u>	Phone Number <u>503-860-3454</u>
Mailing Address, City, State, ZIP <u>7654 N. Williams Ave., Portland, OR 97217</u>	
Email <u>vaderthor@yahoo.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 	Signature of Applicant #2 
Signature of Applicant #3	Signature of Applicant #4



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

283-3900

Applicant Name: MGMD, Inc Phone: 503-860-3454

Trade Name (dba): Desire

Business Location Address: 535 N.E. Williams Ave ^{Columbia Blvd}

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	3:00 pm	to	2:30 am
Monday	"	to	"
Tuesday	"	to	"
Wednesday	"	to	"
Thursday	"	to	"
Friday	"	to	"
Saturday	"	to	"

Outdoor Area Hours:

Sunday	3:00 pm	to	2:30 am
Monday	"	to	"
Tuesday	"	to	"
Wednesday	"	to	"
Thursday	"	to	"
Friday	"	to	"
Saturday	"	to	"

The outdoor area is used for:

- Food service Hours: 3:00 pm to 2:30 am
 - Alcohol service Hours: " to "
 - Enclosed, how fenced
- 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
- 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	3:00 pm	to	2:30 am
Monday	"	to	"
Tuesday	"	to	"
Wednesday	"	to	"
Thursday	"	to	"
Friday	"	to	"
Saturday	"	to	"

SEATING COUNT

Restaurant: 40 Outdoor: 20

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: _____ Date: 3-5-18



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

1140597-93

Please Print or Type

Corporation Name: MGMD, Inc Year Incorporated: 2015 ✓

Trade Name (dba): Desire

Business Location Address: 535 NE Columbia Blvd.

City: Portland ZIP Code: 97211

List Corporate Officers:

Mason Daniel

(name) Michael Greenlee

Vice President

(title) President

List Board of Directors:

(name) _____

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

Stockholders: Mason Daniel

Michael Greenlee

Number of Shares Held:

50%

50%

Number of Stock Shares:

Issued: _____

Unissued: _____

Total Shares Authorized to Issue: _____

Server Education Designee: Mason Daniel DOB: 12/21/74
(See Liquor License Application Guide for more information)

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

Officer's Signature: [Signature] (name) Vice President (title) Date: 3-5-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 08/11)

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: MGMD Inc.

DBA OR TRADE NAME: Desire PHONE: 503-283-3900 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 535 NE Columbia Blvd Portland, OR 97211

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

CONTACT PERSON: Mason Davis PHONE: 503-860-3454 EMAIL: vadort@yahood.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: 2000 square feet approx

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): No

RESTAURANT SEATING CAPACITY: 60 LOUNGE SEATING CAPACITY: 45 OUTSIDE SEATING CAPACITY: 40

DESCRIBE SECURITY: DPST certified security during open hours

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: 3pm CLOSE: 2:30am FRIDAY & SATURDAY OPEN: 3pm CLOSE: 2:30am

HOW LATE WILL THERE BE OUTSIDE SEATING? 2:30am HOW LATE WILL THERE BE ENTERTAINMENT? 2:30am

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Chapsticks 3

NAME & ADDRESS OF PROPERTY OWNER: David Chow 12106 SE 35th Ave Milwaukie, OR 97222

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

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

SIGNATURE: _____ DATE: 3-26-16



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: 535 NE COLUMBIA BLVD

R#: R315049

State ID: 1N1E11CB 200

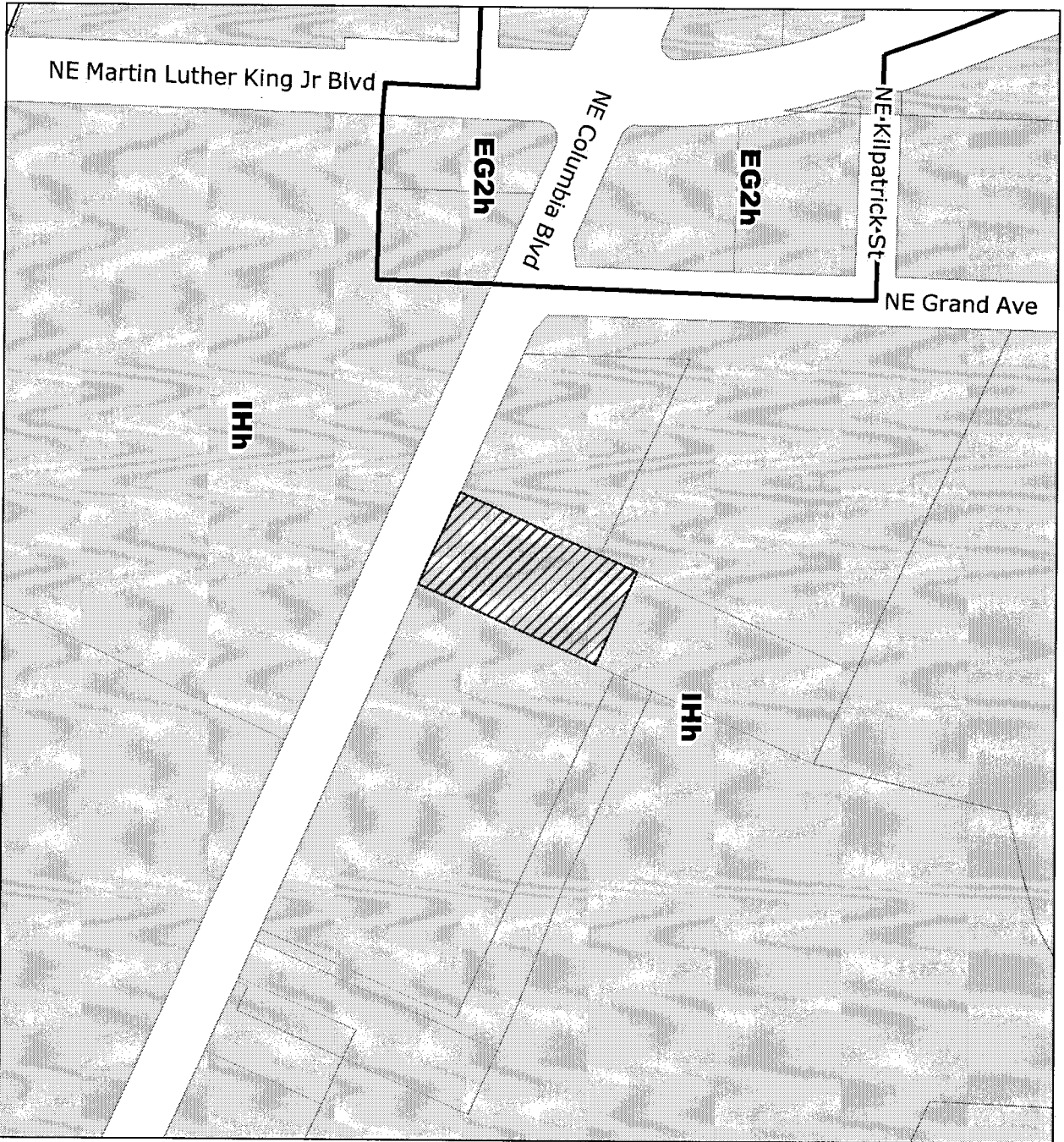
Zone: IHh

Plan District:

Proposed Use: RETAIL SALES AND SERVICE
RETAIL SALES AND SERVICE is a LIMITED use in the IHh zone

Additional Comments:

Retail Sales and Service limited to 1 per site, up to 3,000 square feet.



0 100 200 400 600 800 Feet 1 inch = 200 feet



Laura Lehman
Name of City Official

City Planner
Title

503-823-7391
Contact Number

Signature of Official

3 /26 /2018
Date