



# 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

265008

### 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 3-19-18

License Action:

90 c/n

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

Applicant #1 <b>SAPHIRE PETRO INC</b>	Applicant #2	Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4	<b>MAR 29 2018</b>

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

**PRESCOTT CHEVRON**

PD C \$ 75.00  
# 2666

### 3. Business Location: Number and Street **4513 NE 102ND AVE,**

City **PORTLAND** County **MULTNOMAH** ZIP **97220**

### 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 **3745 PORTLAND ROAD**  
City **NEWBERG** State **OR** ZIP **97132**

### 6. Phone Number of the Business Location: **503-252-0234**

### 7. Contact Person for this Application:

Name **ASIT PATEL** Phone Number **503-476-7070**

Mailing Address, City, State, ZIP  
**31283 SW WILLAMETTE WAY W, WILSONVILLE, OR 97070**

Email **chevron3745@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 05 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: SAPPHIRE PETRO INC Phone: 503-476-7070 252-0234

Trade Name (dba): PRESCOTT CHEVRON

Business Location Address: 4513 NE 102nd AVE

City: PORTLAND, OR ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7 AM to 10 PM
Monday 7 AM to 10 PM
Tuesday 7 AM to 10 PM
Wednesday 7 AM to 10 PM
Thursday 7 AM to 10 PM
Friday 7 AM to 10 PM
Saturday 7 AM to 10 PM

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
Alcohol service
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, 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: 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: [Signature] Date: 2/15/18



OREGON LIQUOR CONTROL COMMISSION  
CORPORATION QUESTIONNAIRE

806042-92

Please Print or Type

Corporation Name: SAPHIRE PETRO INC Year Incorporated: 10/12/2011 ✓

Trade Name (dba): PRESCOTT CHEVRON

Business Location Address: 4513 NE 102ND AVE,

City: PORTLAND, OR

ZIP Code: 97220

List Corporate Officers:

ASIT PATEL  
(name)  
ASIT PATEL

PRESIDENT  
(title)  
SECRETARY

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:	Number of Shares Held:	Number of Stock Shares:
<u>ASIT PATEL</u>	<u>100</u>	Issued: <u>100</u>
_____	_____	Unissued: <u>0</u>
_____	_____	Total Shares Authorized to Issue: _____
_____	_____	

Server Education Designee: ASIT PATEL DOB: 10/11/1959  
(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: ASIT PATEL PRESIDENT Date: 2/15/18  
(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: SAPPHIRE PETRO INC  
DBA OR TRADE NAME: PRESCOTT CHEURON PHONE: 503-252-0234 FAX: 503-662-6063  
BUSINESS ADDRESS (Including ZIP Code): 4513 NE 102<sup>nd</sup> AVE, PORTLAND, OR 97220  
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): CHANGE OF OWNER  
CONTACT PERSON: ASIT PATEL (ANDY) PHONE: 503-476-7070 EMAIL: CHEURON3745@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: NA  
EXISTING BUILDING:  Yes       No  
ZONING: \_\_\_\_\_  
STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: NA      LOUNGE SEATING CAPACITY: NA      OUTSIDE SEATING CAPACITY: NA

DESCRIBE SECURITY: NA

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: 6 AM CLOSE: 10 PM      FRIDAY & SATURDAY OPEN: 6 AM CLOSE: 10 PM  
HOW LATE WILL THERE BE OUTSIDE SEATING? NA      HOW LATE WILL THERE BE ENTERTAINMENT? NA

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: PRESCOTT CHEURON  
NAME & ADDRESS OF PROPERTY OWNER: SAPPHIRE INVESTMENT LLC, ASIT PATEL  
NONE 3745 PORTLAND RD, NEWBERG, OR 97132

### 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

THIS IS AN OFF-PREMISE SALES LICENSE

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

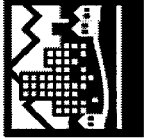
SIGNATURE: As Patel

DATE: 3/28/18



# City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue • Portland, Oregon 97201 | 503-823-7300 | [www.portlandoregon.gov/bds](http://www.portlandoregon.gov/bds)



## ZONING VERIFICATION

Address: 4513 NE 102ND AVE

R#: R235783

State ID: 1N2E21AD 14800

Zone: CGh

Plan District: NONE

**Proposed Use: RETAIL SALES AND SERVICE**

RETAIL SALES AND SERVICE is a LIMITED use in the CGh zone

### Additional Comments:

CG zone. Retail store under 4,000 sq. ft. open 15 hours a day. Retail Sales and Service is allowed by right up to 15 hours per day per 33.910 and 33.130.100.

**Tammy Boren-King**

Name of City Official

**City Planner**

Title

**503-823-5765**

Contact Number

*Tammy Boren-King*  
Signature of Official

**3 / 29 / 2018**

Date

