



LIQUOR LICENSE APPLICATION

RECEIVED MAR 12 2018

DT

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input checked="" type="checkbox"/> Limited On-Premises</p> <p><input type="checkbox"/> Off-Premises</p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>By _____</p> <p>Date _____</p>
	<p align="center">OLCC USE</p> <p>Application received by <u>[Signature]</u></p> <p>Date <u>3-27-18</u></p> <p>License Action: <u>NO</u></p>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 <u>Hi Gourmet Group INC.</u>	Applicant #2	Rec'd by Portland Liquor Licenses	
Applicant #3	Applicant #4	MAR 30 2018	
		PD CC #100	
		# <u>078526</u>	
2. Trade Name of the Business (the name customers will see): <u>Master Kong</u>			
3. Business Location: Number and Street <u>8435 SE Division St.</u>			
City <u>Portland</u>	County <u>Multnomah</u>	ZIP <u>97266</u>	
4. Is the business at this location currently licensed by the OLCC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route <u>8435 SE Division St.</u>			
City <u>Portland</u>	State <u>Oregon</u>	ZIP <u>97266</u>	
6. Phone Number of the Business Location: <u>971-373-8248</u>			
7. Contact Person for this Application:			
Name <u>Kangle Zhu</u>	Phone Number <u>971 325 8767</u>		
Mailing Address, City, State, ZIP <u>8435 SE Division St. Portland OR 97266</u>			
Email <u>[Redacted] ZhuKang4@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>Kangle Zhu</u>		Signature of Applicant #2	
Signature of Applicant #3		Signature of Applicant #4	



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type Hi Gourmet Group Inc
Applicant Name: Kangle Zhu Phone: 971-325-8767 373-8248
Trade Name (dba): Master Kong
Business Location Address: 8435 SE Division St
City: Portland ZIP Code: OR 97266

DAYS AND HOURS OF OPERATION

Business Hours:

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

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: 9 to 9
Alcohol service Hours: 9 to 9
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: 15 Outdoor: 0
Lounge: 0 Other (explain): 0
Banquet: 0 Total Seating: 0

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: Kangle Zhu Date: 3/12/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1384782-92

Please Print or Type

LLC Name: Hi Gourmet Group Inc. Year Filed: 2018 2017

Trade Name (dba): Master Kong

Business Location Address: 8435 SE Division St

City: Portland ZIP Code: OR 97266

List Members of LLC:

Percentage of Membership Interest:

1. Kangle zhu
(managing member)

owner

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: Kangle zhu DOB: 9-20-1979

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

Signature: Kangle zhu Date: 9-12-2018
(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: Hight Gourmet Group Inc.

DBA OR TRADE NAME: Master Kong PHONE: 971-373-8248 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 8435 SE Division St Portland OR 97266

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

CONTACT PERSON: Kangle, Zhu PHONE: 971-325-8767 EMAIL: ZhuKang4@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: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 18 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: 9:30 CLOSE: 9:00 FRIDAY & SATURDAY OPEN: 9:30 CLOSE: 9:00

HOW LATE WILL THERE BE OUTSIDE SEATING? No HOW LATE WILL THERE BE ENTERTAINMENT? No

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____

NAME & ADDRESS OF PROPERTY OWNER: _____

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 503-865-2438. 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: Kangle Zhu DATE: 3-28-2018



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: 8435 SE DIVISION ST

R#: R202006

State ID: 1S2E04CC 4200

Zone: CS

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

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

Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Service uses allowed by right.



Timothy Novak
Name of City Official

City Planner
Title

503-823-5395
Contact Number

Signature of Official

Timothy Novak

3 / 30 / 2018
Date