



LIQUOR LICENSE APPLICATION

MO

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 *GROWLER FILLS*
- 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 *[Signature]*

Date 4-2-18

License Action: N/O

Rec'd by Portland Liquor Licenses

APR 03 2018 *100.00*

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

| | |
|--|--------------|
| Applicant #1 <i>VINA HOSKINS</i> <i>CRAFTY MAC INCORPORATED</i> | Applicant #2 |
| Applicant #3 | Applicant #4 |

2. Trade Name of the Business (the name customers will see): *48 NORTH*

3. Business Location: Number and Street *8801 N LOMBARD ST.*

City *PORTLAND* County *MULTNOMAH* ZIP *97203*

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 *8801 N. LOMBARD ST.*

City *PORTLAND* State *OR* ZIP *97203*

6. Phone Number of the Business Location: *503-477-4646*

7. Contact Person for this Application:

Name *VINA HOSKINS* Phone Number *503-915-2584*

Mailing Address, City, State, ZIP *1134 SE HIGHLAND AVE., HILLSBORO OR 97123*

Email *VINA728@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 <i>[Signature]</i> | Signature of Applicant #2 |
| Signature of Applicant #3 | Signature of Applicant #4 |

RECEIVED MAR 19 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CRAFTY MAC, INC - VINA HOSKINS Phone: 503-915-2584 477-4646
 Trade Name (dba): 48 NORTH
 Business Location Address: 8801 N. Lombard St.
 City: PORTLAND ZIP Code: 97203

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11 to 11
 Monday 11 to 11
 Tuesday 11 to 11
 Wednesday 11 to 11
 Thursday 11 to 11
 Friday 11 to 11
 Saturday 11 to 11

Outdoor Area Hours:

Sunday 11 to 9
 Monday 11 to 9
 Tuesday 11 to 9
 Wednesday 11 to 9
 Thursday 11 to 9
 Friday 11 to 9
 Saturday 11 to 9

The outdoor area is used for:

Food service Hours: 11 to 9
 Alcohol service Hours: 11 to 9
 Enclosed, how Roped

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:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> 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: 49 Outdoor: 8-12
 Lounge: N/A Other (explain): _____
 Banquet: N/A Total Seating: _____

OLCC USE ONLY

Investigator Verified Sealing: ____ (Y) ____ (N)

Investigator Initials: _____

Date: _____

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

Applicant Signature: Vina Hoskins Date: _____

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

● See section 2 of Guide for help with this form

1304399-95

Please Print or Type

Corporation Name: CRAFTY MAC Incorporated Year Incorporated: 2017 ✓

Trade Name (dba): 48 NORTH

Business Location Address: 8801 N. Lombard St.

City: PORTLAND ZIP Code: 97203

List Corporate Officers:

(name) VINA HOSKINS (title) OWNER

List Board of Directors:

(name) VINA HOSKINS

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: |
|---------------------|------------------------|
| <u>VINA HOSKINS</u> | <u>100</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Number of Stock Shares: | |
|-----------------------------------|------------|
| Issued: | <u>100</u> |
| Unissued: | _____ |
| Total Shares Authorized to Issue: | <u>100</u> |

Server Education Designee: VINA HOSKINS DOB: 7/28/66
(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: Vina Hoskins (name) Owner (title) Date: 3/16/18

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: CRAFTY MAC INC.

DBA OR TRADE NAME: 48 NORTH PHONE: 503-477-4646 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 8801 N. LOMBARD ST. PORTLAND OR 97203

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

CONTACT PERSON: VINA HOSKINS PHONE: 503-915-2584 EMAIL: VINA728@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: 1200 SF (ABOUT)

EXISTING BUILDING: Yes No

ZONING: COMMERCIAL - B OCCUPANCY

STRUCTURAL CHANGES (DESCRIBE): N/A

RESTAURANT SEATING CAPACITY: 49 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: ALARM

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: 11pm FRIDAY & SATURDAY OPEN: 11AM CLOSE: 11pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 9pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: SAME

NAME & ADDRESS OF PROPERTY OWNER: DEBBIE THOMAS REAL ESTATE 402 NW 13^{1/2} AVE PDX OR 97209

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

PIZZA RESTAURANT / TAP HOUSE WITH ONLY BEER / WINE

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

SIGNATURE: Vina Hoskins DATE: 3/16/18



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: 8801 N LOMBARD ST

R#: R323669

State ID: 1N1W01CD 18900

Zone: CSd

Plan District: ST. JOHNS

Proposed Use: RETAIL SALES AND SERVICE

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

Additional Comments:

Retail Sales and Service is allowed by right in the CS zone, per 33.130.100, Table 130-1. This business is not a convenience store.

Gina Tynan

Name of City Official

City Planner

Title

503-823-7271

Contact Number

[Signature]
Signature of Official

3 / 16 / 2018

Date

