



CLEAR

PRINT

LIQUOR LICENSE APPLICATION

pending

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 [Signature] Rec'd by Portland Liquor Licenses

Date 3-19-18

APR 04 2018

License Action:

n/o

PD \$10000
1018

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

Applicant #1 Galaxie Enterprises LLC
NOVA COFFEE

Applicant #2 JOSH DAVIS

Applicant #3 JAMAR HAGE

Applicant #4

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

NOVA COFFEE

3. Business Location: Number and Street 610 N.E 20th Ave, Suite 100

City PORTLAND County MULTNOMAH ZIP 97232

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 5344 NE Emerson St
City Portland State OR ZIP 97218

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name JOSH DAVIS Phone Number 503.333.6122

Mailing Address, City, State, ZIP
5344 N.E. Emerson St Portland, OR. 97212

Email davis.josh@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

[Signature]

Signature of Applicant #2

[Signature]

Signature of Applicant #3

[Signature]

Signature of Applicant #4

RECEIVED

MAR 04 2018

Initials: [Signature]
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Galaxie Enterprises, LLC Phone: 503 265.8399
 Trade Name (dba): NOVA COFFEE
 Business Location Address: 610 N.E. 20th Ave, Suite 100
 City: PORTLAND ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 8 to 6
 Monday 7 to 7
 Tuesday 7 to 7
 Wednesday 7 to 7
 Thursday 7 to 7
 Friday 7 to 7
 Saturday 8 to 6

Outdoor Area Hours:

Sunday 7 to 6
 Monday 7 to 7
 Tuesday 7 to 7
 Wednesday 7 to 7
 Thursday 7 to 7
 Friday 7 to 7
 Saturday 7 to 6

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: N/A

- 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

N/A
 Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: 17 Outdoor: 16
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 33

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: 2/26/18

1-800-452-OLCC (6522)
www.oregon.gov/olcc

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1278137-28

Please Print or Type

LLC Name: Galaxie Enterprises, LLC Year Filed: 2017 2016

Trade Name (dba): Nova Coffee

Business Location Address: 610 NE 20th Ave-NE, Suite 100

City: Portland ZIP Code: 97232

List Members of LLC:

Percentage of Membership Interest:

1. <u>Josh Davis</u> (managing member)	<u>70%</u>
2. <u>Tamar Hage</u> (members)	<u>30%</u>
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: Josh Davis DOB: 04/18/74

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

Signature: [Signature] (name) Managing Member (title) Date: Mar 12, 2018

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: GALAXIE ENTERPRISES

DBA OR TRADE NAME: NOVA COFFEE PHONE: 503 265 2399 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 610 NE 20th AVE Portland, OR 97232

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

CONTACT PERSON: JOSH DAVIS PHONE: 503.333.6122 EMAIL: davis.josh@gmail.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 18 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 6

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 - ~~FRIDAY~~ OPEN: 8 CLOSE: 6 MON-FRI FRIDAY & SATURDAY OPEN: 7 CLOSE: 7

HOW LATE WILL THERE BE OUTSIDE SEATING? _____ HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: NEW BUILDING

NAME & ADDRESS OF PROPERTY OWNER: Greenlight 3050 SE. Division St #270

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

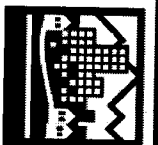
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: _____

DATE: 3/25/12



City of Portland, Oregon - Bureau of Development Services
 1900 SW Fourth Avenue • Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds

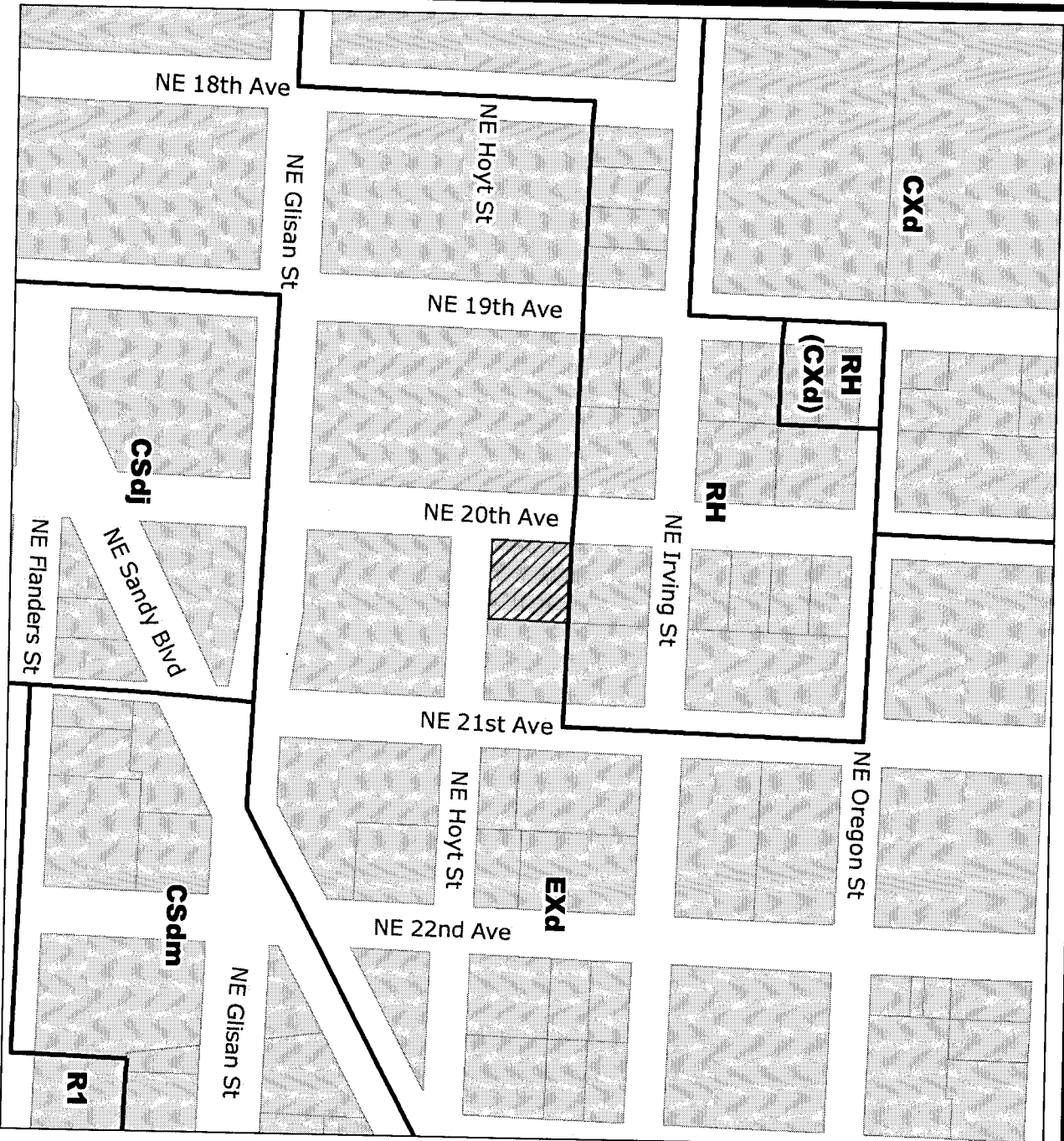


ZONING VERIFICATION

Address: 620 NE 20TH AVE
 R#: R278384
 State ID: 1N1E35AD 5400

Zone: EXd
 Plan District:

Proposed Use: **RETAIL SALES AND SERVICE**
 RETAIL SALES AND SERVICE is an ALLOWED use in the EXd zone



Tyler Mann
 Name of City Official

City Planner
 Title

503-823-5062
 Contact Number

Signature of Official

4 / **2** / **2018**
 Date