



LIQUOR LICENSE APPLICATION

Pending

<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> <ul style="list-style-type: none"> <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input checked="" type="checkbox"/> Full On-Premises, Commercial <input type="checkbox"/> Full On-Premises, Caterer <input type="checkbox"/> Full On-Premises, Passenger Carrier <input type="checkbox"/> Full On-Premises, Other Public Location <input type="checkbox"/> Full On-Premises, Nonprofit Private Club <input type="checkbox"/> Full On-Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input checked="" type="checkbox"/> Limited On-Premises <input type="checkbox"/> Off-Premises <input type="checkbox"/> Off-Premises with Fuel Pumps <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW) <input type="checkbox"/> Winery 	<p style="text-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 ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p> <hr/> <p style="text-align: center;">OLCC USE</p> <p>Application received by </p> <p>Date <u>4-4-18</u></p> <p>License Action: <u>n/o</u></p>
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1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		
Applicant #1 Ayllu LLC	Applicant #2	Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4	APR 09 2018 PD CK 100 ⁰⁰ # <u>053454</u>
2. Trade Name of the Business (the name customers will see): Casa Zoraya		
3. Business Location: Number and Street 839-841 N Lombard St		
City Portland	County Multnomah	ZIP 97217
4. Is the business at this location currently licensed by the OLCC? <input type="radio"/> Yes <input checked="" type="radio"/> No		
5. Mailing Address (where the OLCC will send your mail):		
PO Box, Number, Street, Rural Route 839 N Lombard St		
City Portland	State OR	ZIP 97217
6. Phone Number of the Business Location: 315-406-3159		
7. Contact Person for this Application:		
Name Gwen Holle	Phone Number 315-406-3159	
Mailing Address, City, State, ZIP 5323 NE 27th Ave Portland Or 97211		
Email gwen.holle@icloud.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 of Applicant #2	
Signature of Applicant #3	Signature of Applicant #4	

RECEIVED MAR 22 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: AYLLU LLC Phone: 315.406.3159

Trade Name (dba): CASA ZORAYA

Business Location Address: 839-841 N LOMBARD ST

City: PORTLAND ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10 AM to 3 PM
 Monday CLOSED to CLOSED
 Tuesday 11:30 am - 2 pm to 4:30 pm - 10 pm
 Wednesday 11:30 am - 2 pm to 4:30 pm - 10 pm
 Thursday 11:30 am - 2 pm to 4:30 pm - 10 pm
 Friday 11:30 am - 2 pm to 4:30 pm - 10 pm
 Saturday 10 am - 2 pm to 5 pm - 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 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: Seasonal Patio - open in summer closed for winter months Planning to open 2019

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: 30 Outdoor: 15 (2019)
 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: 3/20/18

1-800-452-OLCC (6522)

www.oregon.aov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1411899-93

Please Print or Type

LLC Name: Ayllu LLC Year Filed: 2018 ✓

Trade Name (dba): Casa Zoraya

Business Location Address: 839-841 N Lombard

City: Portland ZIP Code: 97217

List Members of LLC:

Percentage of Membership Interest:

List Members of LLC:	Percentage of Membership Interest:
1. <u>Gloria Marmanillo Zambrano</u> (managing member)	<u>50</u>
2. <u>Zoraya Garrido ZAMBRANO GARRIDO</u> (members)	<u>50</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: Gloria Marmanillo Zambrano DOB: 02/23/1992

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: 03/20/2018

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: AYLU LLC ~~DBA CASA ZORAYA~~
DBA OR TRADE NAME: CASA ZORAYA PHONE: 315.406.3159 FAX: _____
BUSINESS ADDRESS (Including ZIP Code): 839-841 N LOMBARD PORTLAND, OR 97211
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET - FULL ON PREMISES COMMERCIAL
CONTACT PERSON: GWEN HOLLE PHONE: 315.406.3159 EMAIL: GWEN.HOLLE@ICLOUD.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: 700 sq ft

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): NONE

RESTAURANT SEATING CAPACITY: 30

LOUNGE SEATING CAPACITY: N/A

OUTSIDE SEATING CAPACITY: 15

DESCRIBE SECURITY: NO HIRED 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: 11:30 AM CLOSE: 10 pm

FRIDAY & SATURDAY OPEN: 11:30 AM CLOSE: 10 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 10 pm

HOW LATE WILL THERE BE ENTERTAINMENT? NONE

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: CUSTOM HOUSE

NAME & ADDRESS OF PROPERTY OWNER: PAT LANAGAN - 632 RIVER RD, WASHOUGAL, WA 98671

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

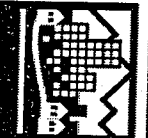
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature]

DATE: 4/9/18



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: 839-845 N LOMBARD ST
 R#: R160135
 State ID: 1N1E10CD 18700

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.

Tyler Mann
 Name of City Official

City Planner
 Title

503-823-5062
 Contact Number

Signature of Official

4 / **9** / **2018**
 Date

