



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

10T

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]

Date 4-3-18

License Action: n/o

Rec'd by Portland Liquor Licenses

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

Applicant #1 <u>Oak Flat Vineyards LLC</u> Marc G Kramer	Applicant #2
Applicant #3	Applicant #4

APR 11 2018
PD OK \$100.00
192

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

3. Business Location: Number and Street 1704 SE 54th Ave
 City Portland OR County Multnomah ZIP 97215

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 1704 se 54th ave
 City Portland State OR ZIP 97215

6. Phone Number of the Business Location: 4156088712

7. Contact Person for this Application:

Name Marc G Kramer Phone Number 4156088712

Mailing Address, City, State, ZIP
1704 se 54th ave Portland OR 97215

Email marc@oakflatvineyards.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 of Applicant #3 _____ Signature of Applicant #4 _____

RECEIVED MAR 21 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Oak Flat Vineyards LLC

Applicant Name: Marc G Kramer

Phone: 415-608-8712

Trade Name (dba): Oak Flat Vineyards LLC 82-21229428

Business Location Address: 1704 se 54th Ave

City: Portland

ZIP Code: 97215

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>12</u>	to	<u>5</u>
Monday	<u>9</u>	to	<u>5</u>
Tuesday	<u>9</u>	to	<u>5</u>
Wednesday	<u>9</u>	to	<u>5</u>
Thursday	<u>9</u>	to	<u>5</u>
Friday	<u>9</u>	to	<u>5</u>
Saturday	<u>10</u>	to	<u>5</u>

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)

Premises are used for winery (wine making) operations only

Seasonal Variations: Yes No If yes, explain: More activity in the fall months during harvest

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: _____ 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: 3-18-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1341527-92

Please Print or Type

LLC Name: Oak Flat Vineyards LLC Year Filed: 2017 ✓

Trade Name (dba): Oak Flat Vineyards LLC 82-21229428

Business Location Address: 1704 se 54th Ave

City: Portland ZIP Code: 97215

List Members of LLC:

Percentage of Membership Interest:

1. Marc G Kramer
(managing member)

100%

2. _____
(members)

3. _____

4. _____

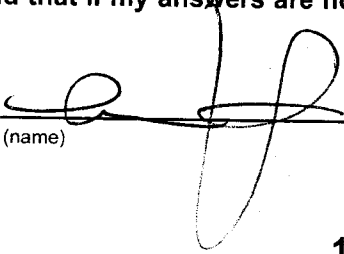
5. _____

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: Marc G Kramer DOB: 12/04/1968

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

Signature:  owner/manager Date: 3/18/2018
(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: Oak Flat Vineyards

DBA OR TRADE NAME: Oak Flat Vineyards LLC PHONE: 4156088712 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 1704 se 54th ave Portland OR 97215

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

CONTACT PERSON: Marc Kramer PHONE: 4156088712 EMAIL: marc@oakflatvineyards.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: winery only

SIZE OF SERVICE AREA: not applicable

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 0 LOUNGE SEATING CAPACITY: 0 OUTSIDE SEATING CAPACITY: 0

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: _____ CLOSE: _____ FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

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

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 503-865-2488. 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
We are applying for a license for wine making only. No public consumption or serving of alcohol. No Employees

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

SIGNATURE:  DATE: 4/8/2018



Property Search
 Owner: KRAMER, MARC G & KRAME
 Site Address: 1704 SE 54th Ave
 State ID: 1S2E06DB 12400
 Account #: R143271
 Geocode Address When Taxlot Not
 Search is Based on Active Field Only
 Hide Personal Property Accounts
 Display Taxlot Detail Window
 Navigate Query Re:

Owner: KRAMER, MARC G &
 Site Address: 1704 SE 54th Ave
 State ID: 1S2E06DB 12400

[] SITE - R5
 Residential.
 Production of
 storage of
 wine in
 basement of
 house is
 allowed
 as a home
 occupation
 only (per zoning
 Code chapter 33.203)

Taxlot Details
 Lot Size: 6050 sqft Building Size: 2563 sqft Map Number: 3236 Zoning Code(s): R5
 Legal Description: CRYSTAL SPR PK & PLAT 2, BLOCK 2, LOT 19 Lot & Block: 19 / 2
 Historic District: _____ Conservation District: _____ Jurisdiction: Portland
 Mailing Information: KRAMER, MARC G & KRAMER, MARGARET M
 Plan District: _____ SubDistrict: _____ S/A Area: _____ NRM/P: _____
 LUR Case History: _____ Draw LURs: LUR:

April 11, 2018
 Bureau of Development Services
 1900 SW 4th Ave., Suite 5000
 Portland, OR 97201

Scale 1 inch = 151 feet

No customers. No employees. No tastings events at site.
 Margaret FeuerSanger, BDS (503) 873-7619 (City Planner)