



LIQUOR LICENSE APPLICATION

DLB T.

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

L# 259771

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 *M. Farib*

Date *5/7/18*

License Action: *C/O and C/TN*

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 <i>Arif Naseri</i>	Applicant #2 <i>Every Day Food Mart LLC</i>		Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4	MAY 08 2018 PD #7500-CK #0277	
2. Trade Name of the Business (the name customers will see): <i>Every day Food Mart LLC</i>			
3. Business Location: Number and Street <i>10135 SE Foster Rd</i>			
City <i>Portland</i>	County <i>Multnomah</i>	ZIP <i>97266</i>	
4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route <i>10135 SE Foster Rd</i>			
City <i>Portland</i>	State <i>OR</i>	ZIP <i>97266</i>	
6. Phone Number of the Business Location: <i>None</i> → Cell <i>971-407-8593</i>			
7. Contact Person for this Application:			
Name <i>Arif Naseri</i>		Phone Number <i>971-407-8593</i>	
Mailing Address, City, State, ZIP <i>14712 SE Duke St Portland OR 97236</i>			
Email <i>Naseri2500@comcast.net</i>			
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 MAY 07 2018	



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Every Day Food Mart LLC

Applicant Name: Amf Naseri Phone: 971-407-8593

Trade Name (dba): Everyday Food Mart LLC

Business Location Address: 10135 SE Foster Rd

City: Portland OR ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 6 to 10
Monday 6 to 10
Tuesday 6 to 10
Wednesday 6 to 10
Thursday 6 to 10
Friday 6 to 12
Saturday 6 to 12

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: _____

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: _____
- None*

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: 5-7-18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Reg # 3 25464-91

Please Print or Type

LLC Name: ^{SPR^{ed}} Everyday Food Mart, LLC Year Filed: 2018

Trade Name (dba): Everyday Food Mart LLC

Business Location Address: ¹⁰¹³⁵ ~~7020~~ SE Foster Rd

City: Portland OR ZIP Code: 97206

List Members of LLC:

Percentage of Membership Interest:

1. Arif Naseri
(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: Arif Naseri DOB: 12-01-1968

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

Signature: [Signature] _____ Date: 5-7-18
(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: Every Day Food Mart LLC 2

DBA OR TRADE NAME: _____ PHONE: _____ FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 10135 SE Foster Rd. Portland OR 97266

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

CONTACT PERSON: Arif Naseri PHONE: 971 407 8593 EMAIL: naseri2500@comcast.net

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input checked="" type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: _____ 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: 6 AM CLOSE: 10 PM FRIDAY & SATURDAY OPEN: 6 AM CLOSE: 12 AM

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

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Mt. Scott Market

NAME & ADDRESS OF PROPERTY OWNER: _____

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: 5-08-18