



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DM

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 LA# 255957
- 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 M. F. ...

Date 5/7/18

License Action: C/O G/Priv

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

Applicant #1
Mypad Thai LLC

Applicant #2

Rec'd by Portland
Liquor Licenses

Applicant #3

Applicant #4

MAY 10 2018 ADM

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

Pad Thai Kitchen

PD \$7500 CK
476

3. Business Location: Number and Street **2309 SE Belmont St.**

City **Portland**

County **Multnomah**

ZIP **97214**

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 **10377 SW 67th Ave**

City **Tigard**

State **OR**

ZIP **97223**

6. Phone Number of the Business Location: **(503)232-8766**

7. Contact Person for this Application:

Name **Surin Ruttanapaibooncharoen**

Phone Number **(503) 407-4182**

Mailing Address, City, State, ZIP
10377 SW 67th Ave Tigard, OR 97223

Email **PadthaiKitchen@hotmail.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

RECEIVED

Signature of Applicant #3

Signature of Applicant #4

MAY 03 2018

Initials: _____
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Myriad Thai LLC
~~SURIY RUTTANAPAIDEENCHAROEN~~ Phone: 503-407-4182

Trade Name (dba): PADTHAI KITCHEN

Business Location Address: 2309 SE BELMONT ST. PE

City: PORTLAND, OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12:00 AM to 9:30 PM
 Monday 11:00 AM to 9:30 PM
 Tuesday 11:00 AM to 9:30 PM
 Wednesday 11:00 AM to 9:30 PM
 Thursday 11:00 AM to 9:30 PM
 Friday 11:00 AM to 10:00 PM
 Saturday 12:00 AM to 10:00 PM

Outdoor Area Hours:

Sunday 12:00 AM to 9:30 PM
 Monday 11:00 AM to 9:30 PM
 Tuesday 11:00 AM to 9:30 PM
 Wednesday 11:00 AM to 9:30 PM
 Thursday 11:00 AM to 9:30 PM
 Friday 11:00 AM to 10:00 PM
 Saturday 12:00 AM to 10:00 PM

The outdoor area is used for:

- Food service Hours: 11:00 AM to 10:00 PM
 - Alcohol service Hours: 11:00 AM to 10:00 PM
 - 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: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 50 Outdoor: 58
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: 114

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: _____ Date: 02/15/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Reg # 1343629-95

Please Print or Type

LLC Name: Mypad Thai LLC Year Filed: 2017

Trade Name (dba): Pad Thai Kitchen

Business Location Address: 2309 SE Belmont St.

City: Portland, OR ZIP Code: 97214

List Members of LLC:

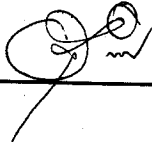
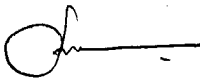
Percentage of Membership Interest:

1. <u>Surin Ruttanapaibooncharoen</u> (managing member)	<u>25%</u>
2. <u>Jirasak Rattanapaibooncharoen</u> (members)	<u>25%</u>
3. <u>Onanong Srilophian</u>	<u>50%</u>
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: Surin Ruttanapaibooncharoen DOB: 09/30/1975

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

Signature:   MEMBER Date: 02/20/18
(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: MYPAD THAI LLC

DBA OR TRADE NAME: PAD THAI KITCHEN PHONE: 503-232-8766 FAX: -

BUSINESS ADDRESS (Including ZIP Code): 2309 SE BELMONT ST. PORTLAND, OR 97214

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

CONTACT PERSON: SURIN RUTTANAPAZBOONCHA ROEN PHONE: 503-407-4182 EMAIL: PadthaiKitchen@hotmail.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: 2,100 SF

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 114 LOUNGE SEATING CAPACITY: 56 OUTSIDE SEATING CAPACITY: 58

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: 11:00 AM CLOSE: 9:30 PM FRIDAY & SATURDAY OPEN: 11:00 AM CLOSE: 10:00 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? 9:30 PM HOW LATE WILL THERE BE ENTERTAINMENT? -

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: PADTHAI KITCHEN INC

NAME & ADDRESS OF PROPERTY OWNER: CHUCK LEE, 8440 NW HAZELTINE ST. Portland, OR 97229

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.

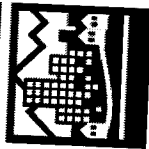
Use this area to provide any additional information that you wish to be considered on this liquor application

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

SIGNATURE: _____ DATE: 05/08/18



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: 2309 SE BELMONT ST
 R#: R287807
 State ID: 1S1E02AA 6200

Zone: CM
Plan District:

Proposed Use: RETAIL SALES AND SERVICE
 RETAIL SALES AND SERVICE is a LIMITED use in the CM zone

Additional Comments:

Per Chapter 33.130.100 & Table 130-1, Retail Sales and Service Use is limited and regulated by Chapter 33.130.253. Retail Sales and Service is limited to an FAR of 1:1 where no residential floor area exists.

Tyler Mann
 Name of City Official

City Planner
 Title

503-823-5062
 Contact Number

[Signature]
 Signature of Official

5 / 11 / 2018
 Date

