



OREGON LIQUOR CONTROL COMMISSION

# 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

*L/266059  
0/266113*

### 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 4-30-18

License Action: *C/O C/TN*

Rec'd by Portland  
Liquor Licenses

*MAY 11 2018*

*PD \$75.00 CC  
# 031216*

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

Applicant #1  
SAMOS BISTRO & MARKET LLC

Applicant #2

Applicant #3

Applicant #4

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

SAMOS BISTRO & MARKET

**3. Business Location: Number and Street** 7215 NE PRESCOTT ST

City PORTLAND

County MULTNOMAH

ZIP 97218

**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 491 NE 61ST WAY

City HILLSBORO

State OREGON

ZIP 97124

**6. Phone Number of the Business Location:** 503-254-4631

**7. Contact Person for this Application:**

Name BASSAM MOUSSA

Phone Number 503-314-9514

Mailing Address, City, State, ZIP

491 NE 61ST WAY HILLSBORO OR 97124

Email msam316@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 of Applicant #3

Signature of Applicant #4

RECEIVED APR 20 2018



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Samos Bistro & Market LLC Phone: (503) 314-9514 254-4631

Trade Name (dba): Samos Bistro & Market

Business Location Address: 7215 NE Prescott St

City: Portland ZIP Code: 97218

### DAYS AND HOURS OF OPERATION

#### Business Hours:

Sunday	<u>8 Am</u> to <u>10 Pm</u>
Monday	<u>8 Am</u> to <u>10 Pm</u>
Tuesday	<u>8 Am</u> to <u>10 Pm</u>
Wednesday	<u>8 Am</u> to <u>10 Pm</u>
Thursday	<u>8 Am</u> to <u>10 Pm</u>
Friday	<u>8 Am</u> to <u>10 Pm</u>
Saturday	<u>8 Am</u> to <u>10 Pm</u>

#### Outdoor Area Hours:

Sunday	<u>8 Am</u> to <u>10 Pm</u>
Monday	<u>8 Am</u> to <u>10 Pm</u>
Tuesday	<u>8 Am</u> to <u>10 Pm</u>
Wednesday	<u>8 Am</u> to <u>10 Pm</u>
Thursday	<u>8 Am</u> to <u>10 Pm</u>
Friday	<u>8 Am</u> to <u>10 Pm</u>
Saturday	<u>8 Am</u> to <u>10 Pm</u>

The outdoor area is used for:

- Food service Hours: 8 Am to 10 Pm
- Alcohol service Hours: 8 Am to 10 Pm
- Enclosed, how walls

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:

- |  |  |
|--|--|
| <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 checked="" 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: 39 Outdoor: 4

Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Banquet: \_\_\_\_\_ Total Seating: 43

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: 04/11/2018

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1425350-95

Please Print or Type

LLC Name: Samos Bistro & Market LLC Year Filed: 2018 ✓

Trade Name (dba): Samos Bistro & Market

Business Location Address: 7215 NE Prescott ST

City: Portland ZIP Code: 97218

List Members of LLC:

1. Bassam Moussa  
(managing member)
2. Samir Fadel  
(members)
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

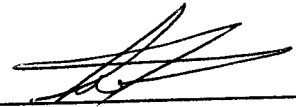
Percentage of Membership Interest:

50  
\_\_\_\_\_  
50  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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: Bassam Moussa DOB: 08/14/1967

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

Signature:  managing member Date: 04/20/2018  
(name) (title)

# CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4<sup>th</sup> 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: Samos Bistro & Market LLC  
DBA OR TRADE NAME: Samos Bistro & Market PHONE: (503) 254-4699 FAX: \_\_\_\_\_  
BUSINESS ADDRESS (Including ZIP Code): 7215 NE Prescott St Portland OR 97218  
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Change of owner  
CONTACT PERSON: Bassam Moussa PHONE: (503) 314-9514 EMAIL: msam316@gmail.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: 400 SQF  
EXISTING BUILDING:  Yes  No  
ZONING: commercial  
STRUCTURAL CHANGES (DESCRIBE): \_\_\_\_\_

RESTAURANT SEATING CAPACITY: 39 LOUNGE SEATING CAPACITY: 39 OUTSIDE SEATING CAPACITY: 8

DESCRIBE SECURITY: security cameras

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: 8 Am CLOSE: 10 pm FRIDAY & SATURDAY OPEN: 8 Am CLOSE: 10 pm  
HOW LATE WILL THERE BE OUTSIDE SEATING? 10 pm HOW LATE WILL THERE BE ENTERTAINMENT? N/A

## HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: IRA's Deli  
NAME & ADDRESS OF PROPERTY OWNER: IRA 7215 NE Prescott St Portland OR 97218

## 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: 05/11/18