



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DT

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 4-11-18

License Action: n/o

Rec'd by Portland
Liquor Licenses

MAY 11 2018

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

Applicant #1
Castle Brown Holdings LLC

Applicant #2

PD \$100.00 CK
5310

Applicant #3

Applicant #4

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

~~788~~ **Flattop and Salamander**

3. Business Location: Number and Street

5814 SE 92nd Ave

City **Portland**

County **Multnomah**

ZIP **97266**

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 **12611 SE 127th Ct**

City **Happy Valley**

State **OR**

ZIP **97086**

6. Phone Number of the Business Location: **tbid**

7. Contact Person for this Application:

Name **Samantha Castle**

Phone Number **971-404-1697**

Mailing Address, City, State, ZIP

12611 SE 127th Ct Happy Valley, OR 97086

Email **sassysigs@yahoo.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 29 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Castle Brown Holdings LLC

Applicant Name: Samantha Castle Phone: 971-404-1697

Trade Name (dba): Flattop and Salamander

Business Location Address: 5814 SE 92nd Ave

City: Portland ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 7:00AM to 3:00PM
Monday 7:00AM to 3:00PM
Tuesday 7:00AM to 3:00PM
Wednesday 7:00AM to 3:00PM
Thursday 7:00AM to 3:00PM
Friday 7:00AM to 3:00PM
Saturday 7:00AM to 3:00PM

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: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 40 Outdoor: _____
Lounge: 24 Other (explain): _____
Banquet: _____ Total Seating: 64

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: 3/29/2018

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1381733-98

Please Print or Type

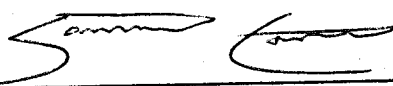
LLC Name: Castle Brown Holdings LLC Year Filed: ~~2018~~ 2017
Trade Name (dba): Flattop and Salamander
Business Location Address: 5814 SE 92nd Ave
City: Portland ZIP Code: 97266

List Members of LLC:	Percentage of Membership Interest:
1. <u>Samantha Castle</u> (managing member)	<u>70%</u>
2. <u>Todd Brown</u> (members)	<u>30%</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: Samantha Castle DOB: 02/25/1979

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

Signature:  Date: 03/29/2018
(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: Castle Brown Holdings LLC

DBA OR TRADE NAME: Flattop and Salamander PHONE: 971-404-1697 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 5814 SE 92nd Ave, Portland, OR 97266

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): full on premises commercial New Outlet

CONTACT PERSON: Samantha Castle PHONE: 971-404-1697 EMAIL: sassy.sigs@yahoo.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1,100 sq ft

EXISTING BUILDING: Yes No

ZONING: A-2

STRUCTURAL CHANGES (DESCRIBE): n/a

RESTAURANT SEATING CAPACITY: 40 LOUNGE SEATING CAPACITY: 26

DESCRIBE SECURITY: motion sensors and alarms will be installed OUTSIDE SEATING CAPACITY: n/a

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: 7:00 AM CLOSE: 3:00 PM FRIDAY & SATURDAY OPEN: 7:00 AM CLOSE: 3:00 PM

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: Working Class Acupuncture
NAME & ADDRESS OF PROPERTY OWNER: Sam Farah - 12520 NE Halsey St. PDX, OR 97230

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: _____ DATE: 5/06/2018

File Edit View Drawing Help

Property Search

Owner: **Narr FARAH LENTS PROPERTY**

Site Address: **5812-5814 SE 92ND AVE**

State ID: **1S2E16DB 7100**

Account #: **R135388**

Search Clear PortlandMaps

Geocode Address When Taxlot Not

Search is Based on Active Field Only

Hide Personal Property Accounts

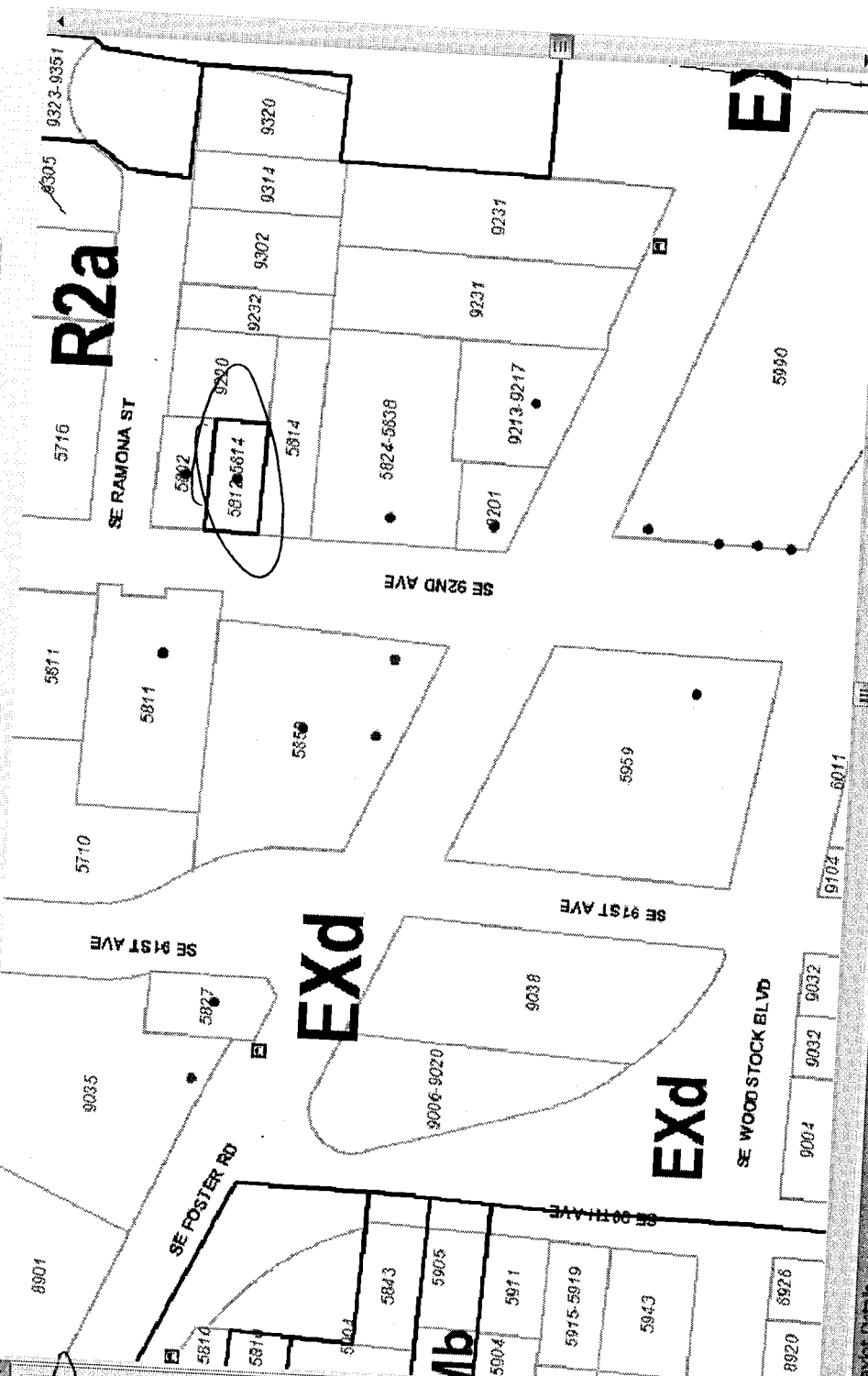
Display Taxlot Detail Window

Navigate Query Re. [Left Arrow] [Right Arrow]

Owner: **FARAH LENT...** Site Address: **5812-5814...** State: **1S2E**

Bureau of Development Services
Land Use Review
1900 SW 4th Ave, Suite 5000
Portland, OR 97201

Search Legend Add Data Sel



Taxlot Details

Lot Size: 7040 sqft
Building Size: 3640 sqft
Map Number: 3640
Zoning Code(s): **EXd**

Legal Description: GLENSON ADD, BLOCK 1, LOT 18 EXC PT IN ST
Lot & Block: 18
Historic District: 1

Planning Information: FARAH LENTS PROPERTY ONE LLC
ATTN: SAM FA

Conservation District: [Blank]
Jurisdiction: Portland

Plan District: [Blank]
SubDistrict: [Blank]
SubArea: [Blank]
NRMP: [Blank]

LUR Case History (1 Case): 6325
Draw LURS: LUR:

Buttons: 1/4 Section, Tax Map, Zoning Map

Scale 1 inch = 124 feet

Petail sales & service use is allowed.

Andy Gudzic, City Planner 9/23/18

AA (503) 823-7010