



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

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 Mfab

Date 5/4/18

License Action: N/O

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

Applicant #1 Club Sinrock DT, LLC	Applicant #2	Rec'd by Portland Liquor Licenses MAY 11 2018 PD <u>cc 100.00</u> # <u>033476</u>
Applicant #3	Applicant #4	

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

3. Business Location: Number and Street 215 W. Burnside St. (encompasses 201-217)

City Portland	County Multnomah	ZIP 97209
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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 **11954 NE Glisan St. #521**

City Portland	State OR	ZIP 97220
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6. Phone Number of the Business Location: TBD

7. Contact Person for this Application:

Name Michael Gottlieb (Attorney)	Phone Number 503-546-0498
Mailing Address, City, State, ZIP PO Box 209, Lake Oswego, OR 97034	
Email michael@gottlieb-law.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 MAY 04 2018
Signature of Applicant #3	Signature of Applicant #4	

Initials: _____
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Club Sinrock DT, LLC Phone: TBD

Trade Name (dba): Club Sinrock

Business Location Address: ²¹⁵214 W. Burnside St.

City: Portland ZIP Code: 97209

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 10:30 am to 2:30 am
 Monday ALL DAYS to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

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 10:30am to 2:30am
 Monday ALL DAYS to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: 48 Other (explain): 28 (private parties/weekends only)
 Banquet: _____ Total Seating: 76

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: 4-25-18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Reg # 1430543-93

Please Print or Type

LLC Name: Club Sinrock DT, LLC Year Filed: 2018

Trade Name (dba): Club Sinrock

Business Location Address: ²¹⁵214 W. Burnside Street

City: Portland ZIP Code: 97209

List Members of LLC:

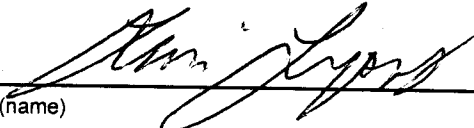
Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>Timothy Lyons</u>
(managing member) | <u>65%</u> |
| 2. <u>Rebeckah Lyons</u>
(members) | <u>35%</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: Timothy Lyons DOB: 5/31/61

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

Signature:  MANAGING MEMBER Date: 4/20/2018
(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: Club Sinrock DT, LLC

DBA OR TRADE NAME: Club Sinrock PHONE: TBD FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 215 W. Burnside St., Portland, OR 97209

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): F-COM New Outlet

CONTACT PERSON: Michael Gottlieb (Attorney) PHONE: 503-546-0498 EMAIL: michael@gottlieb-law.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Gentleman's Club

SIZE OF SERVICE AREA: approx. 4,500 sq ft.

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): None

RESTAURANT SEATING CAPACITY: n/a LOUNGE SEATING CAPACITY: 76 OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: security on staff all hours; security at door check; enhanced security on weekends.

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: 11:30am CLOSE: 2:30am FRIDAY & SATURDAY OPEN: 11:30am CLOSE: 2:30am

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? 2:30am

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: NYX

NAME & ADDRESS OF PROPERTY OWNER: TRC Burnside LLC, 5454 132nd Ave, Portland, OR 97229

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

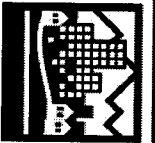
- Dancing Video Poker Live Music Nude Dancers
 Karaoke Video Games/Pinball Recorded Music DJ Entertainment
 Pool Tables (How Many): _____ Events (Describe): _____ Other: _____

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: 5/08/2018



ZONING VERIFICATION

Address: 201-217 W BURNSIDE ST

R#: R140370

State ID: 1N1E34CA 9300

Zone: CXd

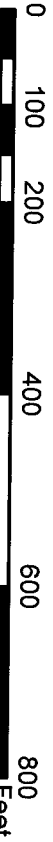
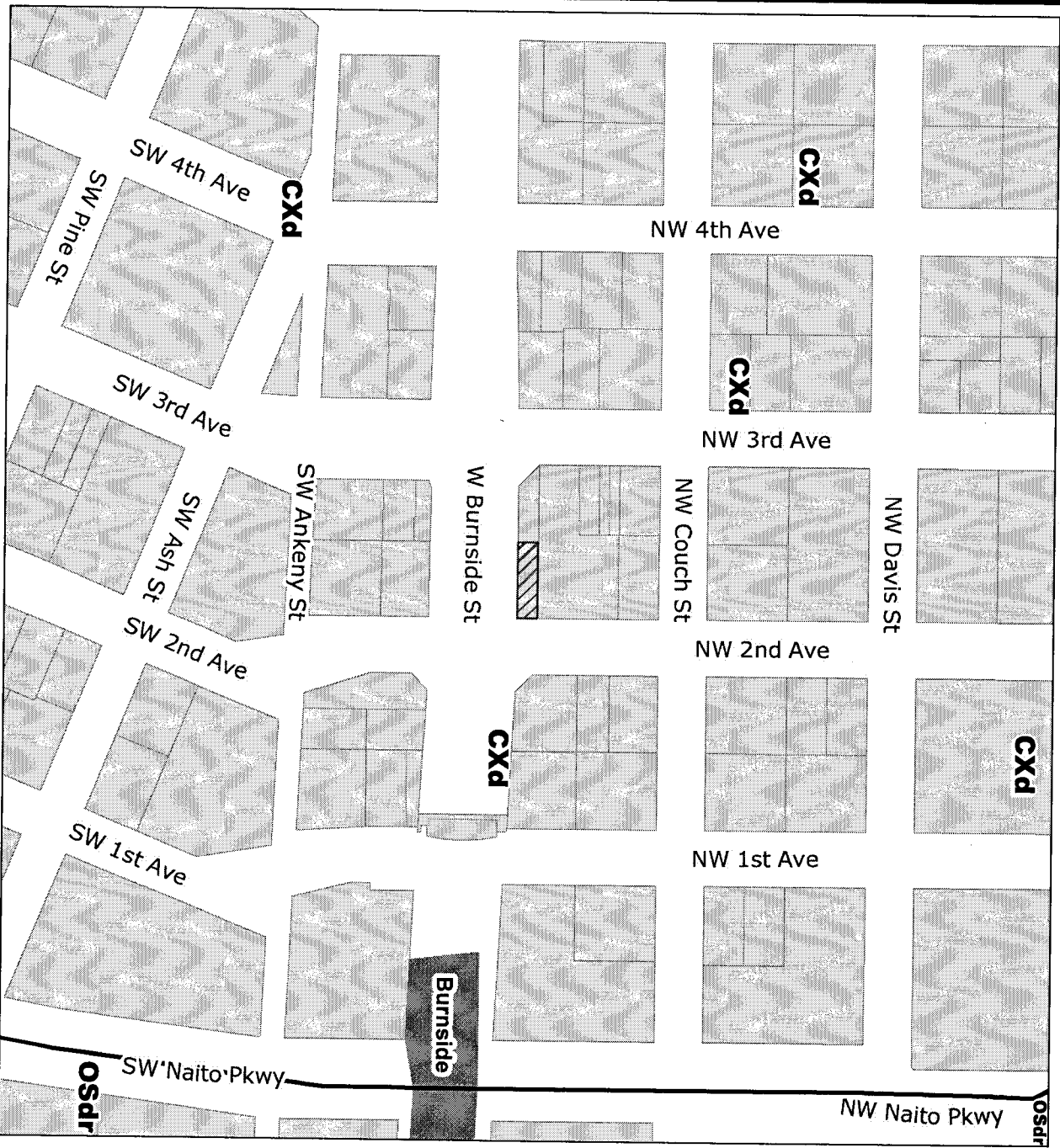
Plan District: CENTRAL CITY, RIVER DISTRICT

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CXd zone

Additional Comments:

Per 33.130.100, Table 130-1, and 33.510.116, Retail Sales & Service uses are allowed by right in the CX zone. The Plan District does not restrict this use in the Downtown Subdistrict.



1 inch = 200 feet

5 /11 /2018

Signature of Official

508-823-7348
Contact Number

City Planner
Title

Parish Burns
Name of City Official