



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
- 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 *5/18/18*

License Action:

New Outlet

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

Applicant #1

Bottle & Press, LLC

Applicant #2

Rec'd by Portland
Liquor Licenses

Applicant #3

Applicant #4

MAY 11 2018
PD \$100⁰⁰ - ADM
359381

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

Straightaway

3. Business Location: Number and Street **901 SE Hawthorne Blvd.**

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 **16246 SE Keller Rd.**

City **Damascus**

State **OR**

ZIP **97089**

6. Phone Number of the Business Location: **503-360-3820**

7. Contact Person for this Application:

Name **Alyssa McTimpeny**

Phone Number **503-778-5469 (no solicitations)**

Mailing Address, City, State, ZIP

1300 SW Fifth Ave., Suite 2400, Portland, OR 97201

Email **alyssamctimpeny@dwt.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

Signature of Applicant #3

Signature of Applicant #4

RECEIVED

MAY 07 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Bottle & Press, LLC Phone: 503-360-3820

Trade Name (dba): Straightaway

Business Location Address: 901 SE Hawthorne Blvd.

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11am to 7pm
 Monday 11am to 7pm
 Tuesday 11am to 7pm
 Wednesday 11am to 7pm
 Thursday 11am to 7pm
 Friday 11am to 7pm
 Saturday 11am to 7pm

Outdoor Area Hours: N/A

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

The outdoor area is used for: N/A
 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: N/A

- 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

N/A
 Sunday _____ to _____
 Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: _____ Other (explain): Tasting room: 16
 Banquet: _____ Total Seating: 16

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

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Reg # 1309887-93

Please Print or Type

LLC Name: Bottle & Press, LLC Year Filed: 2017

Trade Name (dba): _____

Business Location Address: 901 SE Hawthorne Blvd.

City: Portland ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

- | | |
|--|------------|
| 1. <u>Cy Cain</u>
(managing member) | <u>53%</u> |
| 2. <u>Casey Richwine</u>
(members) | <u>47%</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: Cy Cain DOB: 05/18/1972

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

Signature: [Signature] Date: 5/1/18
(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: Bottle & Press, LLC

DBA OR TRADE NAME: Straightaway PHONE: 503-360-3820 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 901 SE Hawthorne Blvd., Portland, OR 97214

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

CONTACT PERSON: Alyssa McTimpeny PHONE: 503-778-5469 EMAIL: alyssamctimpeny@dwt.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Distillery

SIZE OF SERVICE AREA: 1340 sq. ft.

EXISTING BUILDING: Yes No

ZONING: Commercial

STRUCTURAL CHANGES (DESCRIBE): Cosmetic changes

RESTAURANT SEATING CAPACITY: 0 LOUNGE SEATING CAPACITY: 16 OUTSIDE SEATING CAPACITY: 0

DESCRIBE SECURITY: Commercial Bldg with ADT Security system in place covering points of entry; planned video security system in place soon.

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 Don't Know

HOURS OF OPERATION

SUNDAY - THURSDAY OPEN: 11am CLOSE: 7pm FRIDAY & SATURDAY OPEN: 11am CLOSE: 7pm

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: Private Stock Tattoo

NAME & ADDRESS OF PROPERTY OWNER: Stumptown Holding Company, 915 SE Hawthorne Blvd, Portland, OR 97214

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY) N/A

- 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

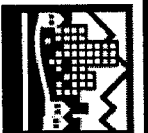
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Alyssa McTimpeny Attorney in Fact DATE: 5/11/18



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: 901-917 SE HAWTHORNE BLVD

R#: R176877

State ID: 1S1E02BD 11000

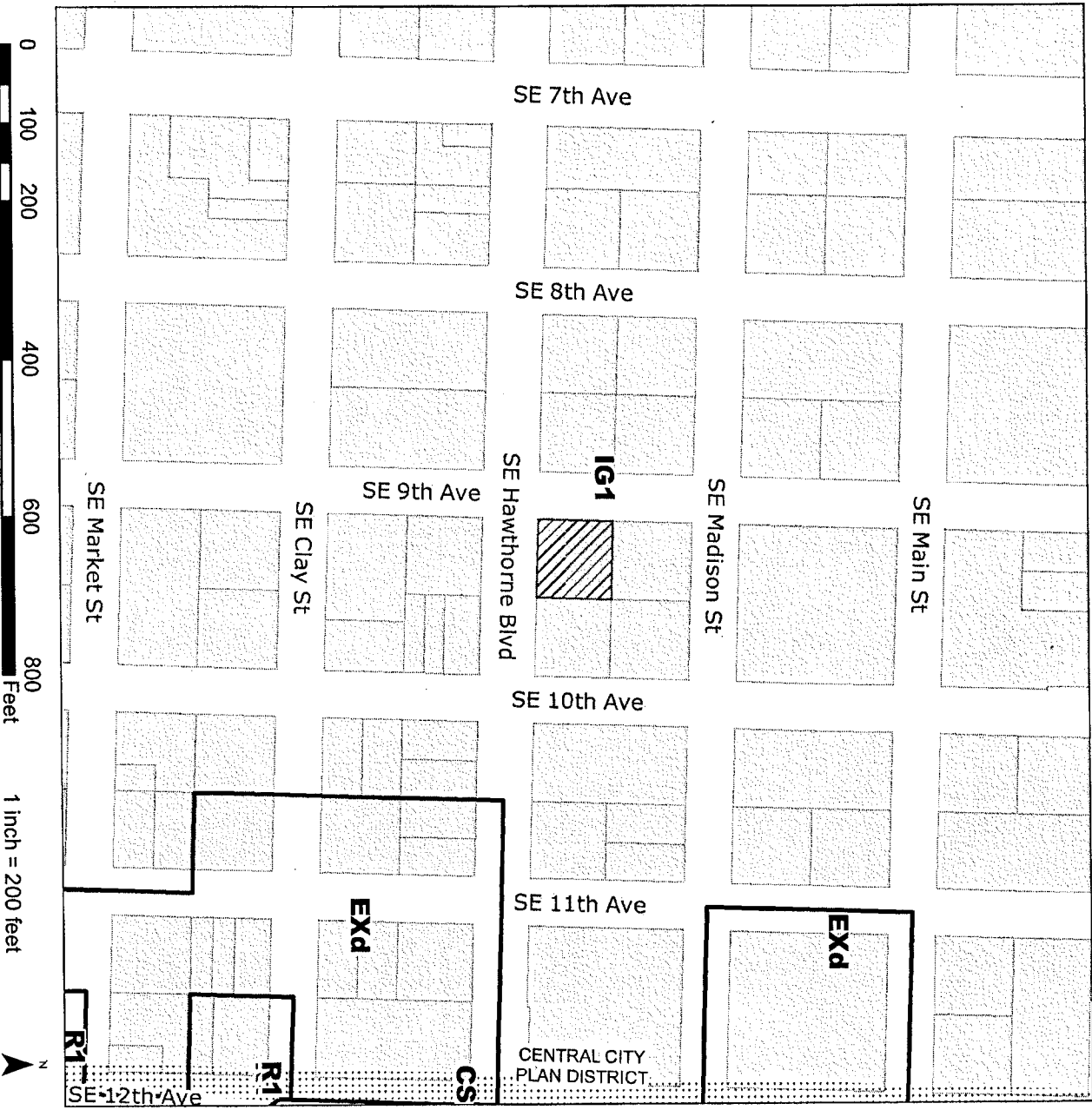
Zone: IG1

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: **MANUFACTURING AND PRODUCTION**
MANUFACTURING AND PRODUCTION is an ALLOWED use in the IG1 zone

Additional Comments:

Per 33.140.100 and Table 140-1, Manufacturing and Production Use is allowed by right.



Tyler Mann
Name of City Official

City Planner
Title

503-823-5062
Contact Number

Signature of Official

5 / 17 / 2018
Date