



# LIQUOR LICENSE APPLICATION

M.L.

**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 (2nd location)

L#267833

**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. L. Lewis

Date 5/3/18

License Action: 2nd loc WY - NO

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

|  |   |
|--|---|
| Applicant #1<br><u>Air Guitar, LLC</u> | Applicant #2<br><br><div style="text-align: right;">Rec'd by Portland<br/>Liquor Licenses</div> |
| Applicant #3                           | Applicant #4<br><br><div style="text-align: right;">MAY 14 2018</div>                           |

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

**3. Business Location: Number and Street** 2615 SE CLINTON ST

|                      |                         |                  |
|----------------------|-------------------------|------------------|
| City <u>Portland</u> | County <u>Multnomah</u> | ZIP <u>97202</u> |
|----------------------|-------------------------|------------------|

**4. Is the business at this location currently licensed by the OLCC?**  Yes  No

**5. Mailing Address (where the OLCC will send your mail):** 3115 NE SANDY Blvd

|  |                 |                  |
|--|-----------------|------------------|
| PO Box, Number, Street, Rural Route <u>Suite 1</u> |                 |                  |
| City <u>Portland</u>                               | State <u>OR</u> | ZIP <u>97232</u> |

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

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

|   |                                  |
|---|----------------------------------|
| Name <u>Scott Frank</u>   | Phone Number <u>503 367 1306</u> |
| Mailing Address, City, State, ZIP<br><u>3115 NE SANDY Blvd Suite 1 Portland, OR 97232</u> |                                  |
| Email <u>Scott@bowandarrowwines.com</u>   |                                  |

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<br><u>Scott Frank</u> | Signature of Applicant #2 |
| Signature of Applicant #3                       | Signature of Applicant #4 |

RECEIVED MAY 02 2018



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Air Guitar LLC Phone: 503 367 1306

Trade Name (dba): Bow & Arrow

Business Location Address: 2615 SE CLINTON ST

City: Portland ZIP Code: 97202

### DAYS AND HOURS OF OPERATION

#### Business Hours:

|           |           |    |           |
|-----------|-----------|----|-----------|
| Sunday    | _____     | to | _____     |
| Monday    | _____     | to | _____     |
| Tuesday   | <u>5</u>  | to | <u>10</u> |
| Wednesday | <u>5</u>  | to | <u>10</u> |
| Thursday  | <u>5</u>  | to | <u>10</u> |
| Friday    | <u>5</u>  | to | <u>10</u> |
| Saturday  | <u>12</u> | to | <u>10</u> |

#### 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: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
 Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 Banquet: \_\_\_\_\_ Total Seating: 30

|  |  |
|--|--|
| 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: Scott Frank Date: 2/29/18

1-800-452-OLCC (6522)

www.oregon.gov/olcc

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Reg # 132583-95

Please Print or Type

LLC Name: Air Guitar, LLC Year Filed: \_\_\_\_\_

Trade Name (dba): Bow & Arrow

Business Location Address: 3115 NE SANDY BLVD St. 1

City: Portland ZIP Code: 97232

List Members of LLC:

Percentage of Membership Interest:

- |   |            |
|---|------------|
| 1. <u>Scott Frank</u><br><small>(managing member)</small> | <u>77%</u> |
| 2. <u>Michael Wheeler</u><br><small>(members)</small>     | <u>20%</u> |
| 3. <u>Paulette Hessel</u>                                 | <u>3%</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: Scott Frank DOB: 9/20/1971

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

Signature: Scott Frank owner Date: 4/29/18  
(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: Air Guitar LLC

DBA OR TRADE NAME: Bow & Arrow PHONE: 503-367-1306 FAX: \_\_\_\_\_

BUSINESS ADDRESS (Including ZIP Code): ~~315 NW Sandy~~ 2615 SE Clinton St. 97202

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

CONTACT PERSON: Scott Frank PHONE: 503 367-1306 EMAIL: scott@bowandarrow

### DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart  Night Club  
 Restaurant  Sports Bar  
 Convenience Store  Other: winery tasting room

SIZE OF SERVICE AREA: 800 sf

EXISTING BUILDING:  Yes  No

ZONING: CS

STRUCTURAL CHANGES (DESCRIBE): none

RESTAURANT SEATING CAPACITY: 25 LOUNGE SEATING CAPACITY: \_\_\_\_\_ OUTSIDE SEATING CAPACITY: 4

DESCRIBE SECURITY: ADT security system

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: 4 p.m. CLOSE: 12a FRIDAY & SATURDAY OPEN: 4 p CLOSE: 12a

HOW LATE WILL THERE BE OUTSIDE SEATING? 12a HOW LATE WILL THERE BE ENTERTAINMENT? n/a

### HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Bluebird Real Estate

NAME & ADDRESS OF PROPERTY OWNER: Craig Swinford P.O. Box 9355 Portland 97207

### 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: Scott Frank DATE: 5/12/18

Database Search Panel  
 Owner Nairr 26 CLINTON LLC % SWTNI  
 SiteAddress 2601-2609 SE CLINTON S  
 State ID 1S1E12BB 5500  
 Account # R150688

- Geocode Address When Taxlot Not
  - Search is Based on Active Field Only
  - Hide Personal Property Accounts
  - Display Taxlot Detail Window
- Navigate Query Re

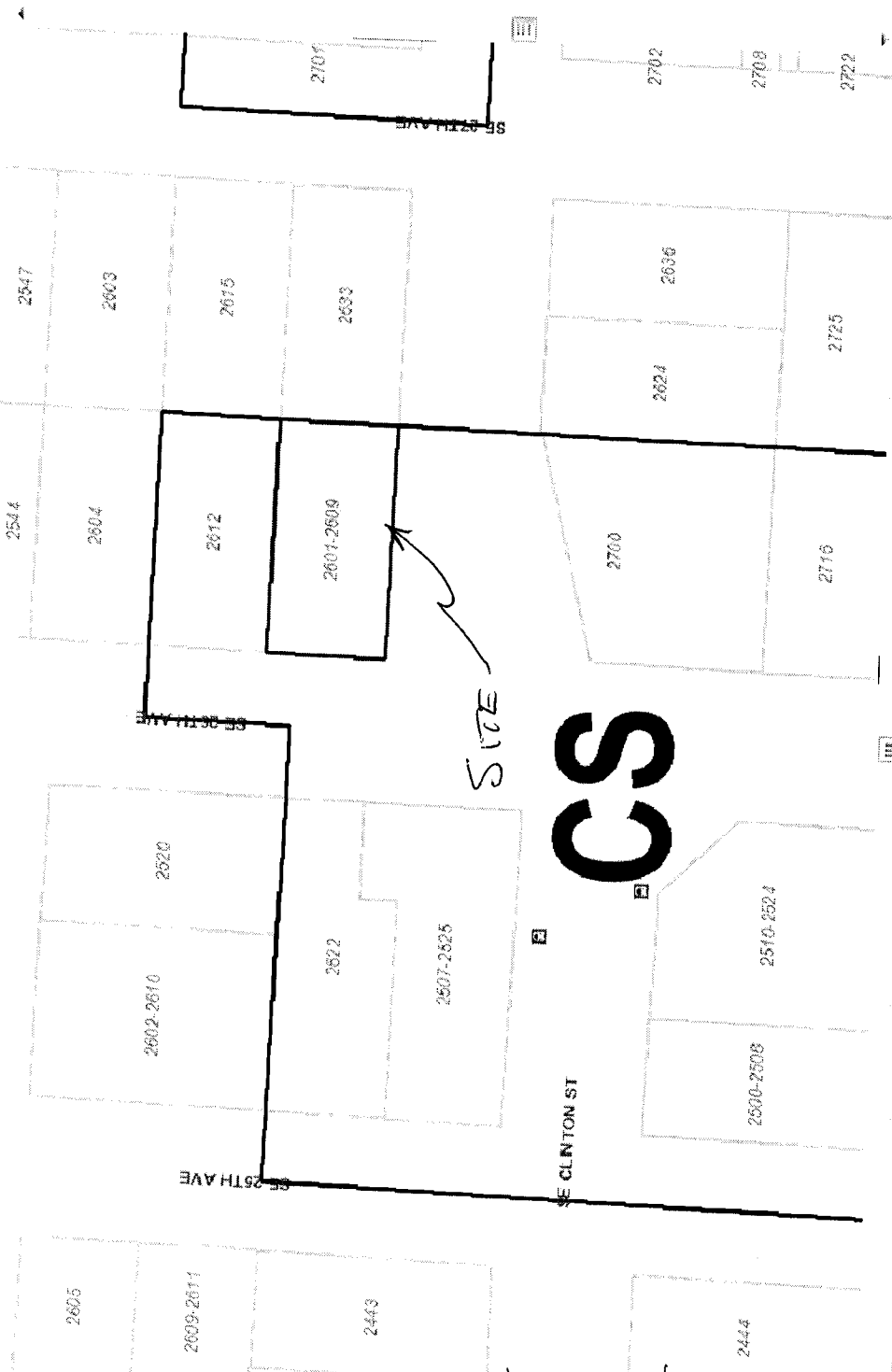
Owner Site Address State  
 26 CLINTON 2601-2609 1S1E

*SITE IS ZONED  
 CS - STOREFRONT  
 COMMERCIAL, RETAIL  
 SALES & SERVICE IS  
 ALLOWED BY RIGHT.*

*1 copy by Jonck  
 CITY PLANNER I  
 503.823.7919  
 5/14/18*

**City of Portland**  
 Bureau of Development Services  
 Land Use Service Division  
 1900 SW 4th Ave, Suite 5000  
 Portland, OR 97201

Search Legend Add Data Sel < >



Taxlot Details

Lot Size: 4950 sqft  
 Building Size: 4950 sqft  
 Map Number: 3333  
 Zoning Code(s): CS  
 Legal Description: EAST PORTLAND HTS, BLOCK 1, LOT 11  
 Lot & Block: 11  
 Historic District: 1  
 Conservation District: 1  
 Mailing Information: 26 CLINTON LLC % SWINFORD, CRAIG & ANNE  
 Jurisdiction: Portland

1/4 Section  
 Plan District:  
 SubDistrict:  
 SubArea:  
 NRMP:  
 LUR Case History: