



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

265875

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 *5-16-18*

License Action:

A/Privilege

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:		<i>Rec'd by Portland Liquor Licenses</i>	
Applicant #1 <i>master file</i>	Applicant #2	<i>MAY 25 2018</i>	
COHO DISTRIBUTING LLC		PD <i>\$75 ck</i>	
Applicant #3	Applicant #4	# <i>599760</i>	
2. Trade Name of the Business (the name customers will see): <i>COLUMBIA DISTRIBUTING</i>			
3. Business Location: Number and Street <i>6840 N Cutter Circle</i>			
City <i>Portland</i>	County <i>Multnomah</i>	ZIP <i>97217</i>	
4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route <i>6840 N Cutter Circle</i>			
City <i>Portland</i>	State <i>OR</i>	ZIP <i>97217</i>	
6. Phone Number of the Business Location: <i>503 289 9600</i>			
7. Contact Person for this Application:			
Name <i>NANCY TURNER</i>		Phone Number <i>503 329 6733</i>	
Mailing Address, City, State, ZIP <i>6840 N Cutter Circle, Portland, OR 97217</i>			
Email <i>nancy.turner@coldist.com</i>			
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 <i>Paul Mendez</i>		Signature of Applicant #2	
Signature of Applicant #3		Signature of Applicant #4	

RECEIVED

OLCC Liquor License Application (Rev. 04/2017)

MAY 15 2018

Initials: *[Signature]*
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: COHO DISTRIBUTING Phone: 503.289.9600

Trade Name (dba): COLUMBIA DISTRIBUTING

Business Location Address: 6840 N Cutter Circle

City: Portland OR ZIP Code: 97217

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	_____	to	_____
Monday	<u>6am</u>	to	<u>5pm</u>
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	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

SEATING COUNT

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

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: Paul Mendel Date: 5/14/10



OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

Masterfile 528875-94

Please Print or Type

LLC Name: COHO DISTRIBUTING Year Filed: 2008 ✓

Trade Name (dba): COLUMBIA DISTRIBUTING

Business Location Address: 6840 N CUTTER CIRCLE

City: PORTLAND ZIP Code: 97217

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|-------------|
| 1. <u>COLUMBIA DISTRIBUTING HOLDINGS LLC</u>
(managing member) | <u>100%</u> |
| 2. _____
(members) | _____ |
| 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: _____ DOB: _____

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

Signature: *Paul Meade* CFO Date: 5/14/18
(name) (title)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE

previous
on file



528875-94/6-2008

Please Print or Type

Masterfile

LLC Name: CoHo Distributing LLC Year Filed: 2008

Trade Name (dba): Columbia Distributing

Business Location Address: 3250 NW Guam

City: Portland ZIP Code: 97210

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|-------------|
| ✓ 1. <u>Columbia Distributing Holdings LLC</u>
(managing member) | <u>100%</u> |
| ✓ 2. <u>Gregg R. Christiansen, Manager</u> ✓
(members) | <u>0</u> |
| 3. <u>Arif A. Mawji, Manager</u> ✓ | <u>0</u> |
| 4. <u>Aubrey J. Barth, Manager</u> ✓ | <u>0</u> |
| 5. <u>Alexander Magaro, Manager</u> ✓ | <u>0</u> |
| 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: _____ DOB: _____

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

Signature: [Signature] _____ Date: 1/11/12
(name) (title)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: COLUMBIA DISTRIBUTING HOLDINGS Year Filed: 2012

Trade Name (dba): _____

Business Location Address: 20301 59TH PLACE SOUTH

City: KENT, WA ZIP Code: 98032

List Members of LLC:

Percentage of Membership Interest:

1. <u>MG BEVERAGE HOLDINGS LLC</u> (managing member)	<u>89.1%</u>
2. <u>MESA BEVERAGE CO.</u> (members)	<u>7.3%</u>
3. <u>PAUL MEADE</u>	<u>1.3%</u>
4. <u>CHRIS STEFFANCI</u>	<u>2.3%</u>
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: _____ DOB: _____

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

Signature: Paul Meade CEO Date: 5/14/18
(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: COHO DISTRIBUTING LLC

DBA OR TRADE NAME: Columbia Distributing PHONE: 503.289.9600 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 6840 N Cutter Circle, Portland OR 97217

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

CONTACT PERSON: Nancy Turner PHONE: 509.735.6626 EMAIL: nancy.turner@coldist.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: _____

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: _____ LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: _____

DESCRIBE SECURITY: _____

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

M-F 6am - 6pm

SUNDAY - THURSDAY OPEN: _____ CLOSE: _____ FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

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: Columbia Distributing, there since 1980's.

NAME & ADDRESS OF PROPERTY OWNER: ELM Realty Partners, 6840 N Cutter Circle
Portland OR 97217

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

This location is currently licensed as a Wholesale Malt beverage and Wine distributor.

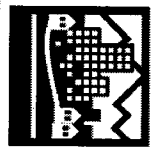
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: [Signature] DATE: 5/22/18



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: 6840 N CUTTER CIR

R#: R225773

State ID: 1N1E17 100

Zone: IG2

Plan District:

Proposed Use: **OTHER** - Warehouse
at District 1B
OTHER is an ALLOWED use in the IG2 zone

Additional Comments:

Zoning - IG2- General Industrial 2
Section 33.140.100 and Table 140-1
Warehouse & Freight Movement/Distribution
Use is allowed use in the IG2 zone

Lois Jennings
Name of City Official

City Planner
Title

503-823-2877
Contact Number

Lois Jennings
Signature of Official

5 / **23** / **2018**
Date

