



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Pending

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
 - Commercial Establishment
 - Caterer
 - Passenger Carrier
 - Other Public Location
 - Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: 3-14-18

90-day authority: Yes No

*Rec'd by Portland
Liquor Licenses*

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Vitamin Cottage Natural Food Markets, Inc. ③ _____

② _____ ④ _____

2. Trade Name (dba): Natural Grocers

3. Business Location: 5055 NE Martin Luther King Jr. Blvd Portland Multnomah Oregon 97211
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 12612 West Alameda Parkway Lakewood Colorado 80228
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: _____
(phone) (fax)

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

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: Kristi Hawelu
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? City of Portland OR
(name of city or county)

11. Contact person for this application: Aaron Prom 303-986-4600
(name) (phone number(s))
12612 W Alameda Parkway aprom@naturalgrocers.com
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① *[Signature]* Date 02-27-2018 ③ _____
By: Kemper Isely, Co-President

② _____ Date _____ ④ _____

RECEIVED Date _____

MAR 04 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Vitamin Cottage Natural Food Markets, Inc. Phone: 303-986-4600

Trade Name (dba): Natural Grocers

Business Location Address: 5055 NE Martin Luther King Jr. Blvd.

City: Portland ZIP Code: 97211

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	9:00am	to	8:05pm
Monday	8:30am	to	9:36pm
Tuesday	8:30am	to	9:36pm
Wednesday	8:30am	to	9:36pm
Thursday	8:30am	to	9:36pm
Friday	8:30am	to	9:36pm
Saturday	8:30am	to	9:36pm

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: _____⁰

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: Kemper Isely Date: 02-27-2018
By: Kemper Isely, Co-President

1-800-452-OLCC (6522)
www.oregon.gov/olcc



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

Please Print or Type

Corporation Name: Natural Grocers by Vitamin Cottage, Inc. Year Incorporated: 2012

Trade Name (dba): _____

Business Location Address: 12612 W Alameda Parkway

City: Lakewood, CO ZIP Code: 80228

List Corporate Officers:

<u>Kemper Isely</u> (name)	<u>Co-President</u> (title)
<u>Zephyr Isely</u>	<u>Co-President</u>
<u>Heather Isely</u>	<u>Executive Vice President and Secretary</u>
<u>Elizabeth Isely</u>	<u>Executive Vice President</u>

List Board of Directors:

Kemper Isely; Zephyr Isely; Heather Isely; Elizabeth Isely; Michael Campbell; Edward Cerkovnik; Richard Hallé
(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
<u>Kemper Isely</u>	<u>3,421,130</u>	Issued: <u>22,349,282</u> Unissued: <u>27,650,718</u> Total Shares Authorized to Issue: <u>50,000,000</u>
<u>Zephyr Isely</u>	<u>3,360,867</u>	
_____	_____	

Server Education Designee: _____ **DOB:** _____
(See Liquor License Application Guide for more information)

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

Officer's Signature: Kemper Isely Co-President **Date:** 02-27-2018
(name) (title)



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

906802-90

Please Print or Type

Corporation Name: Vitamin Cottage Natural Food Markets, Inc. Year Incorporated: 1997-2013

Trade Name (dba): Natural Grocers

Business Location Address: 12612 W Alameda Parkway

City: Lakewood, CO ZIP Code: 80228

List Corporate Officers:

<u>Kemper Isely</u> (name)	<u>Co-President</u> (title)
<u>Zephyr Isely</u>	<u>Co-President</u>
<u>Heather Isely</u>	<u>Secretary</u>

List Board of Directors:

Kemper Isely; Zephyr Isely; Heather Isely; Elizabeth Isely
(name)

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
<u>Natural Grocers by Vitamin Cottage, Inc.</u>	<u>100</u>	Issued: <u>100</u>
_____	_____	Unissued: <u>900</u>
_____	_____	Total Shares Authorized to Issue: <u>1000</u>
_____	_____	

Server Education Designee: _____ DOB: _____
(See Liquor License Application Guide for more information)

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

Officer's Signature: Kemper Isely Co-President Date: 02-27-2018
(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: Vitamin Cottage Natural Food Markets, Inc.

DBA OR TRADE NAME: Natural Grocers PHONE: 303-986-4600 FAX: 303-986-1891

BUSINESS ADDRESS (Including ZIP Code): 5055 NE Martin Luther King Jr. Blvd, Portland, OR 97211

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

CONTACT PERSON: Aaron Prom PHONE: 303-986-4600 EMAIL: aprom@naturalgrocers.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: premises is approximately 15,000 square feet

EXISTING BUILDING: Yes No

ZONING: commercial

STRUCTURAL CHANGES (DESCRIBE): n/a- build to suit new construction

RESTAURANT SEATING CAPACITY: n/a LOUNGE SEATING CAPACITY: n/a OUTSIDE SEATING CAPACITY: n/a

DESCRIBE SECURITY: remotely monitored fire and burglar alarms

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 Sun: 9:00 am Sun: 8:05pm

SUNDAY - THURSDAY OPEN: 8:30 am CLOSE: 9:36 pm FRIDAY & SATURDAY OPEN: 8:30 am CLOSE: 9:36 pm

HOW LATE WILL THERE BE OUTSIDE SEATING? n/a- no outdoor seating HOW LATE WILL THERE BE ENTERTAINMENT? n/a- no entertainment

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: n/a

NAME & ADDRESS OF PROPERTY OWNER: Majestic Alberta Commons, LLC, c/o Majestic Realty Co., 13191 Crossroads Parkway North, 6th floor, City of Industry, CA 91746

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 is an application for off-premises sales of alcohol incidental to Natural Grocers' natural and organic grocery retail function.

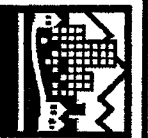
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: *Aaron Prom*

DATE: 05-30-2018



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: 5015 NE M L KING BLVD

R#: R298123

State ID: 1N1E22AA 10800

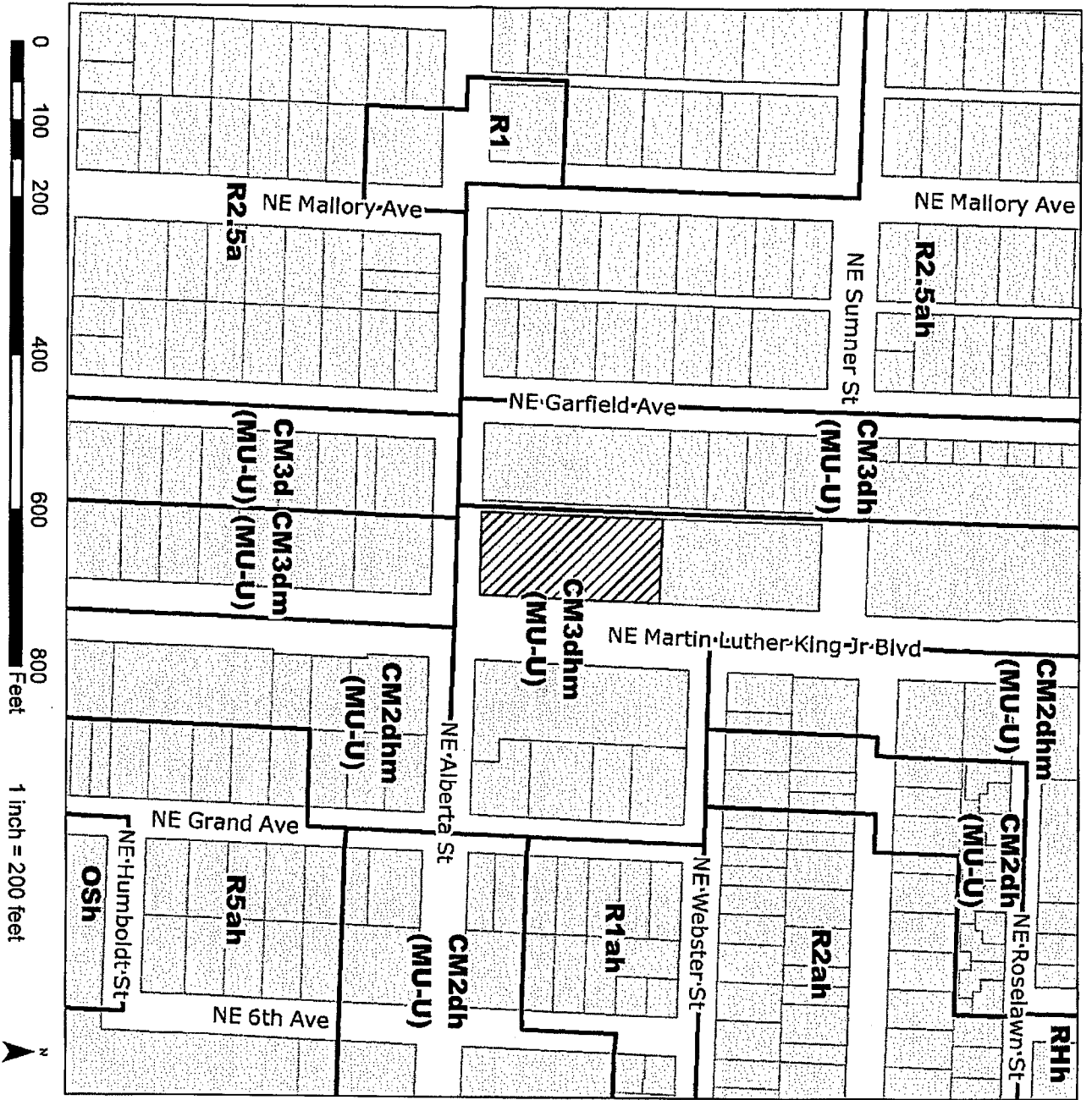
Zone: CM3dhm(MU-U)
 Plan District: *None*

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM3dhm(MU-U) zone

Additional Comments:

Per 33.130.100 and Table 130-1, Retail Sales and Service Uses are allowed by right. The use is not restricted by the Plan District.



Gina Tynan
 Name of City Official

City Planner
 Title

503-823-7271
 Contact Number

Signature of Official

5 /30 /2018
 Date