



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

DT

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: _____

Date: 10-19-17

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 Biao Zhang ③
② Tripe Fortune Restaurant Inc

2. Trade Name (dba): Kyoto Sushi

3. Business Location: 11003 SE Division St Portland
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 11003 SE Division St Portland
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503-253-9288 503-253-3376
(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: _____
(manager must fill out an Individual History form)

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

11. Contact person for this application: Summer Zhou
(name) 503-253-8288 926-2900
(phone number(s))
11003 SE Division St fahchow@icloud.com
(address) (fax number) (e-mail address)

JUL 02 2018
PD \$100.00 ADM
Cash

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 _____ Date 9/29/2017 ③ _____ Date _____

② _____ Date _____ ④ _____

RECEIVED



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Triple Fortune Restaurant Inc

Applicant Name: BIAO ZHANG Phone: (415) 602-6844

Trade Name (dba): Kyoto Sushi

Business Location Address: 11003 SE Division St

City: Beaverton, OR ZIP Code: 97266

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 4pm to 11pm
Monday 4pm to 10:30pm
Tuesday 12pm to 10:30pm
Wednesday 12pm to 10:30pm
Thursday 12pm to 10:30pm
Friday 12pm to 11pm
Saturday 12pm to 11pm

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: TV

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 33 Outdoor: 0
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: Date: 09/27/2017



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

1329663-91

Please Print or Type

Corporation Name: KYOTO sushi Year Incorporated: 2017 ✓

Trade Name (dba): Triple Fortune Restaurant Inc

Business Location Address: 11003 SE Division St

City: Portland OR ZIP Code: 97266

List Corporate Officers:

BIAO ZHANG (name) owner (title)

List Board of Directors:

(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.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>Biao Zhang</u>	<u>100</u>	Issued: _____ Unissued: _____ Total Shares Authorized to Issue: _____
_____	_____	
_____	_____	

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: BIAO ZHANG (name) _____ (title) Date: 10/17/2017

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: Triple Fortune Restaurant Inc
DBA OR TRADE NAME: Triple Fortune ^{Kyoto} PHONE: 503-253-8288 FAX: 503-253-3376
BUSINESS ADDRESS (Including ZIP Code): 11003 SE Division St, Portland, OR, 97266
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): beer & sake
CONTACT PERSON: Biao Zhang PHONE: 415-602-6899 EMAIL: _____

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: medium

EXISTING BUILDING: Yes No

ZONING: _____

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 30-33 LOUNGE SEATING CAPACITY: 9 OUTSIDE SEATING CAPACITY: 0

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

SUNDAY - THURSDAY OPEN: 12pm CLOSE: 10:30pm FRIDAY & SATURDAY OPEN: 12:00pm CLOSE: 11:00pm

HOW LATE WILL THERE BE OUTSIDE SEATING? None HOW LATE WILL THERE BE ENTERTAINMENT? None

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____

NAME & ADDRESS OF PROPERTY OWNER: Biao Zhang 16506 SE 29th St Apt J89

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: [Signature] DATE: 07/02/2018

Property Search

Owner Name: CHEN, CHAOQUN
 Site Address: 11003 SE DIVISION ST
 State ID: 152E03CD 3100
 Account #: R119837

Search Clear PortlandMaps

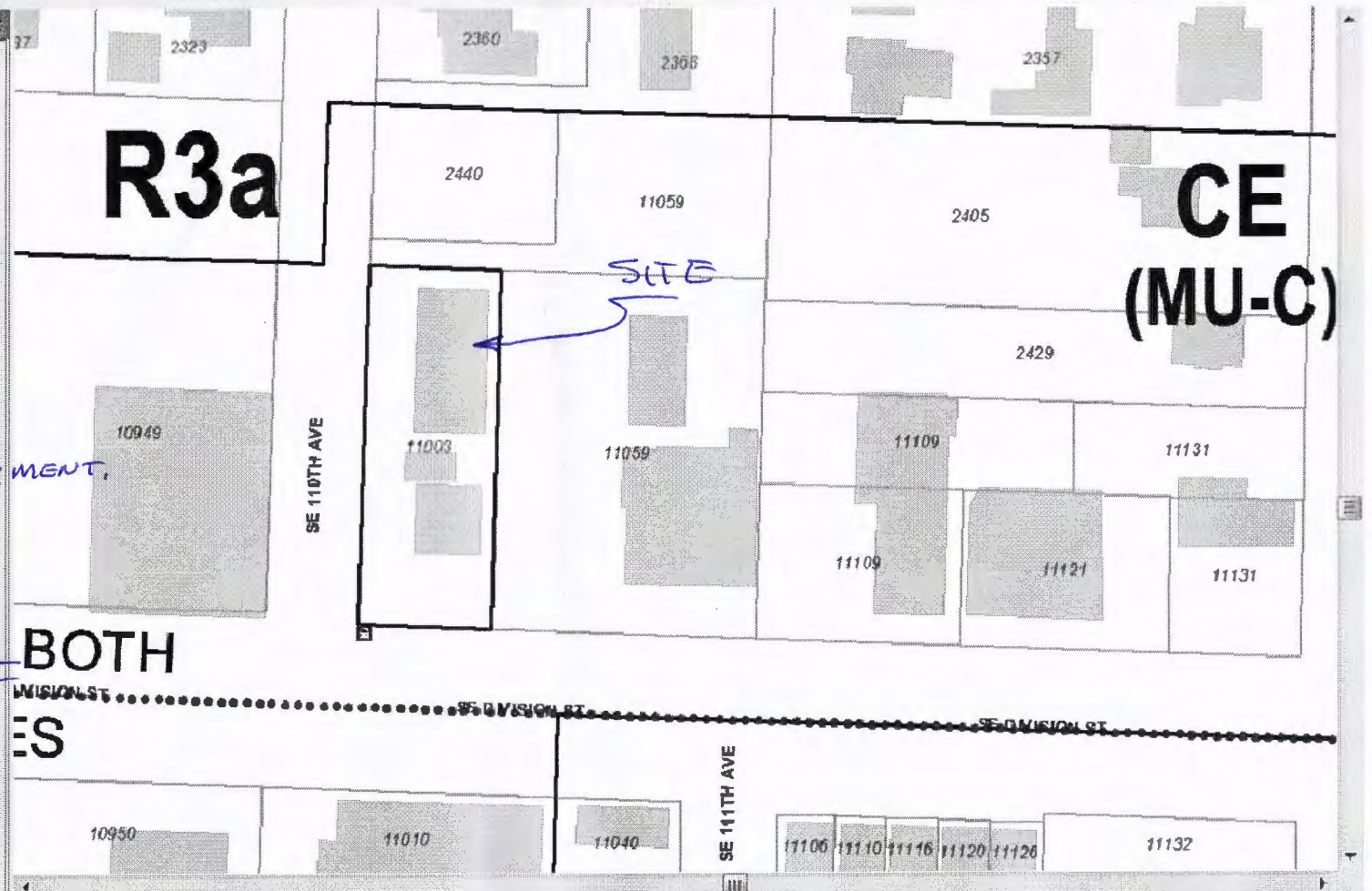
- Geocode Address When Taxlot Not
- Search is Based on Active Field Only
- Hide Personal Property Accounts
- Display Taxlot Detail Window

Navigate Query Re: [Navigation icons]

Owner	Site Address	State
CHEN, CHAO...	11003 SE DI...	152E

*SITE ZONED CE.
 COMMERCIAL EMPLOYMENT,
 RETAIL SALES &
 SERVICE IS ALLOWED
 BY RIGHT.*

*Dorothy Bricker
 CITY PLANNER I
 503.823.7919
 7/2/18.*



Taxlot Details

Lot Size: 4017 sqft	Building Size: 3584 sqft	Map Number: 3241	Zoning Code(s): CE	<input type="button" value="1/4 Section"/>	<input type="button" value="Tax Map"/>	<input type="button" value="Zoning Map"/>
Legal Description: BRANDT TR, BLOCK 1, LOT 1 EXC PT IN ST		Lot & Block: 1	Historic District:	Plan District:	LUR Case Histo (2 Cases) MD2 003-88 SRZ 43-89	
Mailing Information: CHEN, CHAOQUN 5617 SE 137TH AVE		Conservation District:	Jurisdiction: Portland	SubDistrict:	SubArea:	<input type="checkbox"/> Draw LURs <input type="button" value="LUR"/>

Bureau of Development Services
 1900 SW 4th Ave., Suite 5000
 Portland, OR 97201