



DR

LIQUOR LICENSE APPLICATION

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 _____

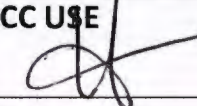
Name of City or County _____

Recommends this license be ___ Granted ___ Denied

By _____

Date _____

OLCC USE

Application received by 

Date 7-5-18

License Action:
n/o

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

Applicant #1 <u>The Keep PDX LLC</u>	Applicant #2 Rec'd by Portland Liquor Licenses
Applicant #3	Applicant #4 JUL 06 2018 PD CC \$100 ⁰⁰ ADM # <u>012035</u>

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

3. Business Location: Number and Street 615 SE Alder # B

City <u>Portland</u>	County <u>Multnomah</u>	ZIP <u>97214</u>
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4. Is the business at this location currently licensed by the OLCC? Yes No

5. Mailing Address (where the OLCC will send your mail):

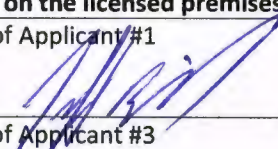
PO Box, Number, Street, Rural Route <u>3926 NE 74th Ave</u>	State <u>OR</u>	ZIP <u>97213</u>
City <u>Portland</u>		

6. Phone Number of the Business Location: 503-780-4596

7. Contact Person for this Application:

Name <u>Jeff Bernheisel</u>	Phone Number <u>503-780-4596</u>
Mailing Address, City, State, ZIP <u>3926 NE 74th Ave Portland, OR 97213</u>	
Email <u>jeff@thekeeppdx.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 	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

RECEIVED



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: The Keep PDX, LLC Phone: 503-780-4596

Trade Name (dba): The Keep PDX

Business Location Address: 615 SE Alder # B

City: Portland, OR ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>9 am</u> to <u>12 am</u>
Monday	<u>9 am</u> to <u>12 am</u>
Tuesday	<u>9 am</u> to <u>12 am</u>
Wednesday	<u>9 am</u> to <u>12 am</u>
Thursday	<u>9 am</u> to <u>12 am</u>
Friday	<u>9 am</u> to <u>12 am</u>
Saturday	<u>9 am</u> to <u>12 am</u>

Outdoor Area Hours:

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:

- 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

On special occasions

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

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: 15 Other (explain): 40 - dining + event room
 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: [Signature] Date: 7/3/18

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

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1296839-91

Please Print or Type

LLC Name: The Keep PDX LLC Year Filed: 2017 ✓

Trade Name (dba): The Keep PDX

Business Location Address: 615 SE Alder St #B

City: Portland, OR ZIP Code: 97214

List Members of LLC:

Percentage of Membership Interest:

1. Jeff Bernheisel
(managing member)

100%

2. _____
(members)

3. _____

4. _____

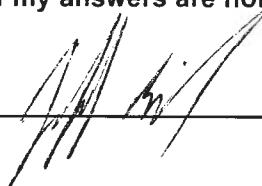
5. _____

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: Jeff Bernheisel DOB: 8/26/78

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

Signature:  Owner
(name) (title) Date: 7/2/18

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: The Keep PDX LLC
DBA OR TRADE NAME: The Keep PDX PHONE: 503-780-4596 FAX: _____
BUSINESS ADDRESS (Including ZIP Code): 615 SE Alder St #B Portland OR 97214
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New Outlet
CONTACT PERSON: Jeff Bernheid PHONE: 503-780-4596 EMAIL: jeff@thekeepdx.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: Social Club/Storage

SIZE OF SERVICE AREA: 4500 sqft

EXISTING BUILDING: Yes No

ZONING: Exd

STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: N/A LOUNGE SEATING CAPACITY: 50 OUTSIDE SEATING CAPACITY: N/A

DESCRIBE SECURITY: Members only club w/ keyfob entry - cameras in various places

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: 9am - 2am CLOSE: 2-9am FRIDAY & SATURDAY OPEN: 9am - 2am CLOSE: 2-9am

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? thru 12am if any

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: _____

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): 1 Events (Describe): Corporate/Private 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: _____ DATE: 7/6/18



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: 615 SE ALDER ST

R#: R150235

State ID: 1S1E02BB 2800

Zone: EXd

Plan District: CENTRAL CITY, CENTRAL EASTSIDE

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the EXd zone

Additional Comments:

Retail Sales and Service is an allowed use in the EXd zone. The Plan District has no additional limitations.

Gina Tynan

Name of City Official

City Planner

Title

503-823-7271

Contact Number

Gina Tynan
Signature of Official

7 / 6 / 2018

Date

