



LIQUOR LICENSE APPLICATION

DT

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: <input type="checkbox"/> Brewery <input type="checkbox"/> Brewery-Public House <input type="checkbox"/> Distillery <input checked="" type="checkbox"/> Full On-Premises, Commercial <input type="checkbox"/> Full On-Premises, Caterer <input type="checkbox"/> Full On-Premises, Passenger Carrier <input type="checkbox"/> Full On-Premises, Other Public Location <input type="checkbox"/> Full On-Premises, Nonprofit Private Club <input type="checkbox"/> Full On-Premises, For-Profit Private Club <input type="checkbox"/> Grower Sales Privilege <input type="checkbox"/> Limited On-Premises <input type="checkbox"/> Off-Premises <input type="checkbox"/> Off-Premises with Fuel Pumps <input type="checkbox"/> Warehouse <input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW) <input type="checkbox"/> Winery	CITY AND COUNTY USE ONLY Date application received _____ Name of City or County _____ Recommends this license be ___ Granted ___ Denied By _____ Date _____
	<p style="text-align: center;">OLCC USE</p> <p style="text-align: right;"><i>[Signature]</i></p> Application received by _____ Date <u>6-25-18</u> License Action: <u>n/a</u>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1 <u>CENTRAL STANDARD ISSUE, LLC</u>	Applicant #2	Rec'd by Portland Liquor Licenses	
Applicant #3	Applicant #4	<u>JUL 06 2018</u> <u>PD MO \$100.00</u> <u># 9057204830</u>	
2. Trade Name of the Business (the name customers will see): <u>THE LIFT OFF LOUNGE</u>			
3. Business Location: Number and Street <u>5216 NE SANDY BLVD.</u>			
City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	ZIP <u>97213</u>	
4. Is the business at this location currently licensed by the OLCC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Mailing Address (where the OLCC will send your mail):			
PO Box, Number, Street, Rural Route <u>5216 N.E. SANDY BLVD</u>			
City <u>PORTLAND</u>	State <u>OR</u>	ZIP <u>97213</u>	
6. Phone Number of the Business Location: <u>N/A</u>			
7. Contact Person for this Application:			
Name <u>CASEY MAXWELL</u>	Phone Number <u>(503) 867-0833</u>		
Mailing Address, City, State, ZIP <u>5704 S.E. PARADE ST. PORTLAND, OR. 97206</u>			
Email <u>CASEY-MAXWELL@COMCAST.NET</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 <i>[Signature]</i>	Signature of Applicant #1		
Signature of Applicant #1 <i>[Signature]</i>	Signature of Applicant #1		

RECEIVED JUN 12 2018



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: CENTRAL STANDARDS ISSUE, LLC Phone: (503) 867-0833

Trade Name (dba): THE LIFT OFF LOUNGE

Business Location Address: 5216 NE SANDY BLVD

City: PORTLAND ZIP Code: 97213

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	<u>2 PM</u> to <u>2 A.M.</u>
Monday	<u>2 PM</u> to <u>2 AM</u>
Tuesday	<u>2 PM</u> to <u>2 AM</u>
Wednesday	<u>2 PM</u> to <u>2 AM</u>
Thursday	<u>2 PM</u> to <u>2 AM</u>
Friday	<u>2 PM</u> to <u>2 AM</u>
Saturday	<u>2 PM</u> to <u>2 AM</u>

Outdoor Area Hours:

Sunday	<u>2 P.M.</u> to <u>2 A.M.</u>
Monday	<u>2 PM</u> to <u>2 AM</u>
Tuesday	<u>2 PM</u> to <u>2 AM</u>
Wednesday	<u>2 PM</u> to <u>2 AM</u>
Thursday	<u>2 PM</u> to <u>2 AM</u>
Friday	<u>2 PM</u> to <u>2 AM</u>
Saturday	<u>2 PM</u> to <u>2 A.M.</u>

The outdoor area is used for:

Food service Hours: 2 P.M. to 2 AM

Alcohol service Hours: 2 PM to 2 AM

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:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input checked="" type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> Other: _____ |

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	<u>6 PM</u> to <u>10 PM</u>
Monday	<u>6 PM</u> to <u>10 PM</u>
Tuesday	<u>6 PM</u> to <u>10 PM</u>
Wednesday	<u>6 PM</u> to <u>10 PM</u>
Thursday	<u>6 PM</u> to <u>10 PM</u>
Friday	<u>4 PM</u> to <u>1 A.M.</u>
Saturday	<u>9 PM</u> to <u>1 AM</u>

SEATING COUNT

Restaurant: 30 Outdoor: 8

Lounge: 27 Other (explain): _____

Banquet: _____ Total Seating: 65

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: Cathy Will Date: 5/1/18

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1304536-99

Please Print or Type

LLC Name: CENTRAL STANDARD ISSUE, LLC Year Filed: 2017 ✓

Trade Name (dba): THE LIFT OFF LOUNGE

Business Location Address: 5216 NE SANDY BLVD

City: PORTLAND, OR. ZIP Code: 97213

List Members of LLC:

- 1. CASEY MAXWELL
(managing member)
- 2. EMILY FAAS
(members)
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Percentage of Membership Interest:

- 50%
- 50%
- _____
- _____
- _____
- _____

(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: CASEY MAXWELL DOB: 12/18/72

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

Signature: Cory Maxwell (name) CO-OWNER (title) Date: 5/1/18

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: CENTRAL STANDARD ISSUE LLC

DBA OR TRADE NAME: THE LIFT OFF LOUNGE PHONE: (503) 867-0833 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 5216 NE SANDY BLVD PORTLAND, OR. 97213

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET / FULL ON-PREMISES COMMERCIAL

CONTACT PERSON: CASEY MAXWELL PHONE: (503) 867-0833 EMAIL: CASEY-MAXWELL@COMCAST.NET

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1500 sq. ft.

EXISTING BUILDING: Yes No

ZONING: COMMERCIAL

STRUCTURAL CHANGES (DESCRIBE): FULL REMODEL INCLUDING SEISMIC LIFE SAFETY, ADA, PLUMBING, ELECTRICAL, ETC. 8

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: 27 OUTSIDE SEATING CAPACITY: 8

DESCRIBE SECURITY: PHILLIPS SECURITY SYSTEM / CAMERAS, DPSST CERTIFIED SECURITY W/ WEEKEND NIGHTS AS NEEDED

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: 2 P.M. CLOSE: 2 A.M. FRIDAY & SATURDAY OPEN: 2 P.M. CLOSE: 2 A.M.

HOW LATE WILL THERE BE OUTSIDE SEATING? 2 A.M. HOW LATE WILL THERE BE ENTERTAINMENT? LIVE MUSIC 10 P.M. / D.J. 2 AM

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: STANLEY PRINTING

NAME & ADDRESS OF PROPERTY OWNER: JUSTICE FOR JANIERS L.L.C. 5704 S.E. PARROTT ST. PORTLAND, OR. 97206

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: CASEY MAXWELL DATE: 5/1/18



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: 5216-5220 NE SANDY BLVD

R#: R217310

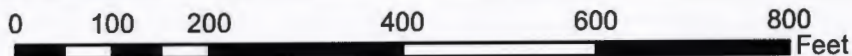
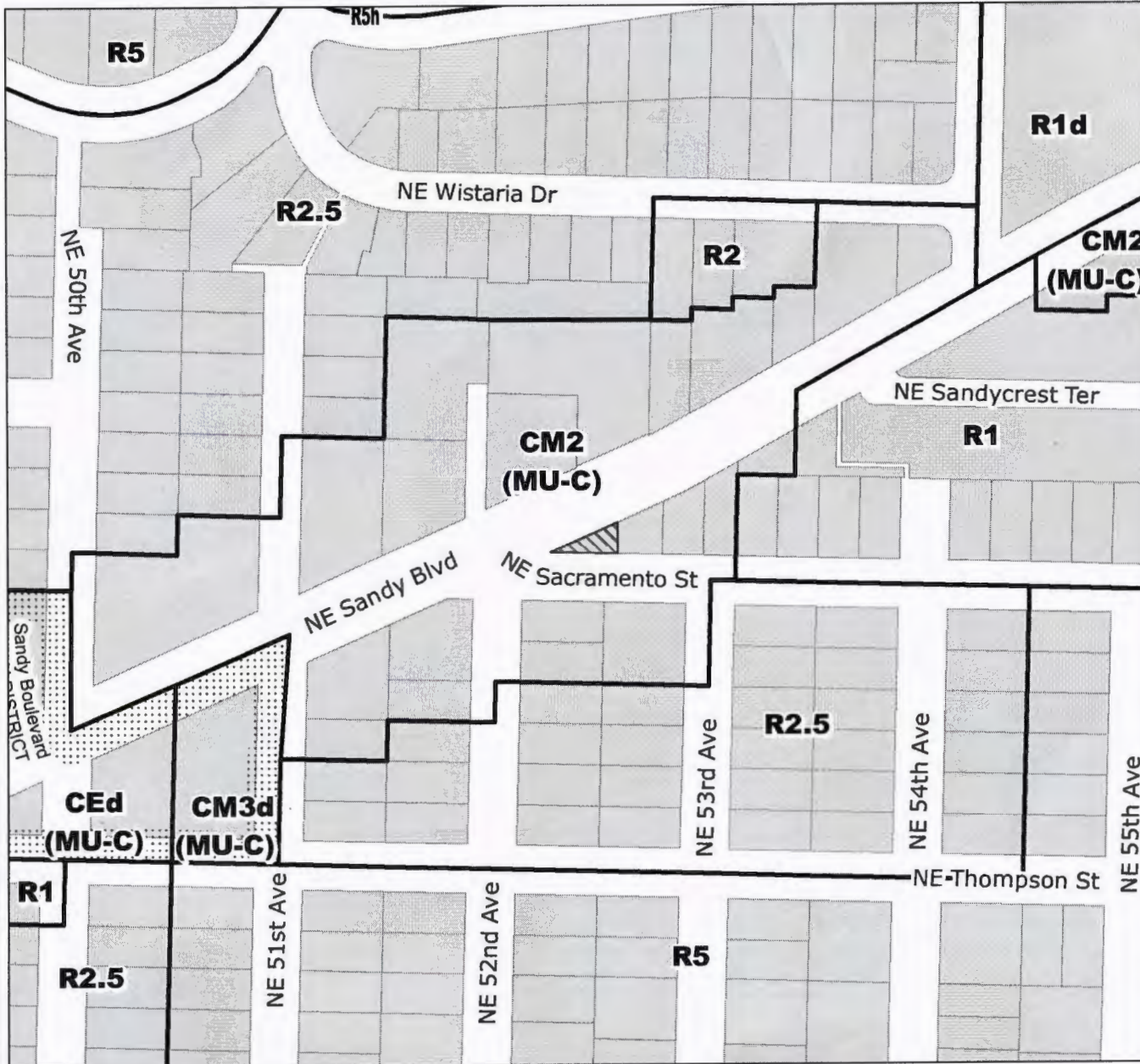
State ID: 1N2E30DB 3200

Zone: CM2(MU-C)

Plan District:

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the CM2(MU-C) zone



1 inch = 200 feet



Kevin Bond

Name of City Official

City Planner

Title

503-823-4528

Contact Number

Signature of Official

6 / 12 / 2018

Date