



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

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 6-29-18

License Action: N/O

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

Applicant #1 Andrew Didier <u>Agora NW LLC</u>	Applicant #2
Applicant #3	Applicant #4

Rec'd by Portland
Liquor Licenses
JUL 09 2018
PD CK \$100⁰⁰ ADM
5189

2. Trade Name of the Business (the name customers will see):
Agora NW, LLC

3. Business Location: Number and Street

City 6800 NE 59th PL #013 <u>Portland</u>	County —Multnomah County	ZIP 97267
---	--------------------------	-----------

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 12600 Interurban Ave S., STE 160		
City Tukwila	State WA	ZIP 98168

6. Phone Number of the Business Location: 206-588-4300

7. Contact Person for this Application:

Name Andrea Garcia	Phone Number 206-588-4300
Mailing Address, City, State, ZIP 12600 Interurban AVE S., STE 160 - Tukwila, WA 98168	
Email <u>agarcia@agorarefreshments.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 <u><i>[Signature]</i></u>	Signature of Applicant #2
Signature of Applicant #3	Signature of Applicant #4

RECEIVED
JUN 20 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type
Applicant Name: Agora NW, LLC
Trade Name (dba): Agora NW, LLC
Business Location Address: 6800 NE 59th Pl #013
City: Portland ZIP Code: 97267

DAYS AND HOURS OF OPERATION

Business Hours: Sunday Closed, Monday 8:00 to 5:00, Tuesday 8:00 to 5:00, Wednesday 8:00 to 5:00, Thursday 8:00 to 5:00, Friday 8:00 to 5:00, Saturday Closed. Outdoor Area Hours: N/A. The outdoor area is used for: [] Food service, [] Alcohol service, [] Enclosed, now N/A.

Not open to public. Delivery distributor
Seasonal Variations: [] Yes [X] 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 N/A to N/A, Monday N/A to N/A, Tuesday N/A to N/A, Wednesday N/A to N/A, Thursday N/A to N/A, Friday N/A to N/A, Saturday N/A to N/A

SEATING COUNT

Restaurant: Outdoor: N/A
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: 7/5/14

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



1419650-95

Please Print or Type

LLC Name: Agora NW, LLC Year Filed: ~~2009~~ 2018

Trade Name (dba): Agora NW, LLC

Business Location Address: 6800 NE 59th Pl. #013

City: Portland ZIP Code: 97267

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|------------|
| 1. <u>Andrew P. Didier</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: [Signature] (name) CEO (title) Date: 6-7-18



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

1. Name: (LAST) Didier		(FIRST) Andrew	(MIDDLE) Phillip
2. Other Names Used (Maiden, Etc.):			
3. Do you have a Social Security Number (SSN) issued by the U.S. Social Security Administration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your SSN: <u>537</u> - <u>21</u> - <u>2575</u>			
<p>SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC§ 552(a).</p> <p>Do you voluntarily consent to the OLCC's use of your SSN as just described? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
4. Date of Birth (MM/DD/YYYY): 04 / 27 / 1984		5. Contact Phone: 206-619-6242	
6. Driver License or State ID #: DIDIEAP162J7		7. State: WA	
8. Residence Address: 1505 11th AVE STE 302 - Seattle, WA 98102			
9. Mailing Address (if different):			
10. E-Mail (optional):			
11. Do you have a spouse or domestic partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list his/her full name:			
12. If yes to #11, will this person be involved in the management of, or have control over the business? <input type="checkbox"/> No <input type="checkbox"/> Yes			
13. In the past 10 years, have you been convicted ("convicted" includes paying a fine) in Oregon or another U.S. state of driving a car with a suspended driver license or driving a car with no insurance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			
14. In the past 10 years, have you been convicted ("convicted" includes paying a fine) in Oregon or another U.S. state of a FELONY ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			
15. Have you ever been in a drug or alcohol diversion program in Oregon or another U.S. state? A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please include explanation below) <input type="checkbox"/> Unsure (Please include explanation below)			

CCH
Initials

16. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license or a recreational marijuana license in Oregon or another U.S. state? (Note: alcohol service permits and marijuana worker permits are not liquor licenses).

No Yes (Please include explanation below) Unsure (Please include explanation below)
Washington State

17. Have you, or any legal entity that you are a part of, **ever** had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the U.S.?

No Yes (Please include explanation below) Unsure (Please include explanation below)

18. Are you applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?

No Please skip questions 19 & 20. Go directly to question 21.
 Yes Please answer questions 19, 20, and 21.

19. Do you or will you have any ownership interest in a business that manufactures, wholesales, or distributes alcohol in Oregon or another U.S. state?

No Yes (Please include explanation below) Unsure (Please include explanation below)

20. Does or will an alcohol manufacturer, wholesaler, or distributor in Oregon or another U.S. state have any ownership interest in your business?

No Yes (Please include explanation below) Unsure (Please include explanation below)

21. Do you currently have, or will you have, any ownership interest in any business in Oregon with a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license?

No Yes (Please include explanation below) Unsure (Please include explanation below)

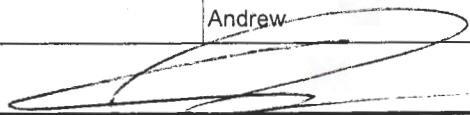
You must sign your own form. Another person, like your attorney or a person with power of attorney, may not sign your form. I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name: (LAST)
Didier

(FIRST)
Andrew

(MIDDLE)
Phillip

Signature:



Date:
06/04/2018



City of Portland, Office of Neighborhood Involvement
PERSONAL HISTORY FORM



Important instructions: please read before completing form. All persons who are anticipated to have a financial interest in the business and key personnel must complete a Personal History Form. All blanks must be filled in. Please use full names – no initials. If the question does not apply to you, please N/A (Not Applicable) in the space. If additional space is needed to answer any question, please use additional paper or the reverse side of the form. The Portland Police Bureau may make an unfavorable recommendation based on an incomplete application, and/or false or misleading information. This form goes with the OLCC application packet that you submit to the City after the application has been initialed by your OLCC license investigator.

Application Name: Didier Andrew P
 (Last) (First) (Middle)

Name and Address of Business: Agora NW LLC

Your Title: CEO
 (Owner, Co-owner, President, Manager, etc.)

Residence Address: 1505 11th Ave Suite 302

City, State, Zip: Seattle, WA. 98102

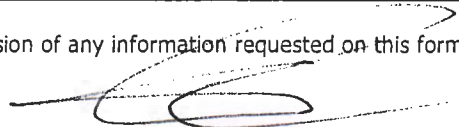
Driver's License # and Issuing State: DIDIEAP162J7

Phone #: 206-619-6242 **Business Phone:** 206-588-4300 **Fax #:** 206-588-4305

Social Security #: 537-21-2575 **Date of Birth:** 04-27-1984 **Email:** apd:didier@agorarefreshments.com

Arrest Record: (This is not the same information asked on the OLCC application). Portland Police Bureau background investigation requires that you include all arrests, including all traffic tickets, citations, and arrests of any kind. Please indicate the penalties imposed for violations of any laws, including liquor regulations. State the nature of the charge, jurisdiction, date, and final disposition. If this information is longer than the space provided, please use additional paper. If none, write "none".

A false answer and/or omission of any information requested on this form may result in an unfavorable recommendation or denial.

Signature  **Date** 7-5-18

Please deliver **with OLCC application packet and City fee** to:

**City of Portland
 Office of Neighborhood Involvement
 Liquor Licensing Notification Program
 1221 SW 4th Avenue, Room 110
 Portland, Oregon 97204
 Phone: (503) 823-4520
 Fax: (503) 823-3050**

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: Agora NW LLC
DBA OR TRADE NAME: _____ PHONE: 206 588 4300 FAX: 206 588 4301
BUSINESS ADDRESS (Including ZIP Code): 12400 Interurban Ave S. Ste 100 Tukwila WA 98168
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Off - Premises
CONTACT PERSON: Andrea Garcia PHONE: 206 588 4300 EMAIL: agarcia@agora refreshments.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Other: <u>Deliver to others</u> |

SIZE OF SERVICE AREA: _____
EXISTING BUILDING: Yes No
ZONING: _____
STRUCTURAL CHANGES (DESCRIBE): _____

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

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: _____ CLOSE: _____ FRIDAY & SATURDAY OPEN: _____ CLOSE: _____

HOW LATE WILL THERE BE OUTSIDE SEATING? N/A HOW LATE WILL THERE BE ENTERTAINMENT? _____

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: _____

NAME & ADDRESS OF PROPERTY OWNER: _____

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Dancing | <input checked="" type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input checked="" type="checkbox"/> Video Games/Pinball | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input type="checkbox"/> Events (Describe): _____ | <input type="checkbox"/> 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: 7-5-18



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: 6800 NE 59TH PL

R#: R317453

State ID: 1N2E18A 800

Zone: IG2hkx & RFhkx

Plan District: PORTLAND
INTERNATIONAL
AIRPORT, MIDDLE

Proposed Use: ~~OTHER~~
COLUMBIA SLOUGH
SUBDISTRICT

OTHER is an ALLOWED use in the
IG2hkx & RFhkx zone

Additional Comments:

Warehousing use allowed in IG2 portion of
property.

Kevin Bond

Name of City Official

City Planner

Title

503-823-4528

Contact Number


Signature of Official

7 / 9 / 2018

Date

