



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 *264836*
- 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 7-6-18

License Action: 40 C/tn

Rec'd by Portland
Liquor Licenses
JUL 12 2018

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license: **PD CK \$7500**

Applicant #1 <u>Cassy A. Kang</u>	Applicant #2 <u>Byong M. Kang</u>
Applicant #3 <u>Kang Corporation</u>	Applicant #4

2. Trade Name of the Business (the name customers will see): Samurai Blue Sushi

3. Business Location: Number and Street 3807 N. Mississippi Ave
 City Portland OR County Multnomah ZIP 97227

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

5. Mailing Address (where the OLCC will send your mail) 3807 N MISSISSIPPI AVE
 PO Box, Number, Street, Rural Route
 City Portland State OR ZIP 97227

6. Phone Number of the Business Location:

7. Contact Person for this Application:

Name Byong M Kang Phone Number 559-288-3780
 Mailing Address, City, State, ZIP
16677 NE Russell St Portland OR 97230
 Email puffer495@yahoo.com

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 <u><i>[Signature]</i></u>
Signature of Applicant #3	Signature of Applicant #4

RECEIVED JUN 27 2018



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type Kang Corporation
Applicant Name: Cassy A. Kang Phone: 559-313-8642
Trade Name (dba): Samurai Blue Sushi
Business Location Address: 3807 N MISSISSIPPI Ave
City: Portland OR ZIP Code: 97227

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 12 pm to 9 pm
Monday " to 10 pm
Tuesday " to "
Wednesday " to "
Thursday " to "
Friday " to 11:pm
Saturday " to 11 pm

Outdoor Area Hours:

Sunday 12 pm to 9 pm
Monday " to 10 pm
Tuesday " to "
Wednesday " to "
Thursday " to "
Friday " to 11 pm
Saturday " to 11 pm

The outdoor area is used for:

Food service Hours: 12 pm to 11:00 pm
 Alcohol service Hours: 12 pm to 11 pm
 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: 50 Outdoor: 14
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: 6/26/18



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

1453835-92

Please Print or Type

Corporation Name: Kang Corporation Year Incorporated: 2018 ✓

Trade Name (dba): Samurai Blue Sushi

Business Location Address: 3807 N Mississippi Ave

City: portland OR ZIP Code: 97227

List Corporate Officers:

(name) Cassy Kang (title) President

List Board of Directors:

(name) Byong M. Kang

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>Cassy Kang</u>	<u>95%</u>	Issued: _____
<u>Byong Kang</u>	<u>5%</u>	Unissued: _____
_____	_____	Total Shares Authorized to Issue: _____

Server Education Designee: BYONG M. KANG DOB: 10/30/1962
(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: [Signature] (name) president (title) Date: 6/27/18

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: Kang Corp ~~Samurai Blue Sushi~~
DBA OR TRADE NAME: Samurai Blue Sushi PHONE: 503 284 1020 FAX: N/A
BUSINESS ADDRESS (Including ZIP Code): 3807 N MISSISSIPPI AVE PORTLAND OR 97229
WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): Full on - Premier
CONTACT PERSON: Byong M. Kang PHONE: 559 288 3980 EMAIL: puffer495@yahoo.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

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

SIZE OF SERVICE AREA: 1000 sq

EXISTING BUILDING: Yes No

ZONING: Commercial Mixed

STRUCTURAL CHANGES (DESCRIBE): No

RESTAURANT SEATING CAPACITY: 50 LOUNGE SEATING CAPACITY: _____ OUTSIDE SEATING CAPACITY: 14

DESCRIBE SECURITY: Video

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: 12:00 PM CLOSE: 10:00 PM FRIDAY & SATURDAY OPEN: 12:00 AM CLOSE: 11:00 PM

HOW LATE WILL THERE BE OUTSIDE SEATING? Sun down HOW LATE WILL THERE BE ENTERTAINMENT? No

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: ODA Ramen

NAME & ADDRESS OF PROPERTY OWNER: Richard Larson City House Inc.

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: _____

DATE: 7/12/18