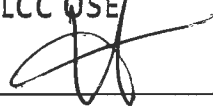


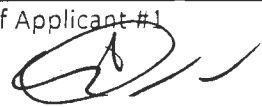
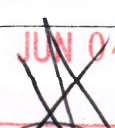


OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

DM

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input checked="" type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input type="checkbox"/> Limited On-Premises</p> <p><input type="checkbox"/> Off-Premises</p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p>
	<p align="center">OLCC USE</p> <p>Application received by </p> <p>Date <u>6-14-18</u></p> <p>License Action: <u>n/o</u></p>

1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license:			
Applicant #1	Applicant #2	Rec'd by Portland Liquor Licenses	
<u>MMIO CORPORATION</u>			
Applicant #3	Applicant #4	JUL 13 2018	
		PD CLK \$100 ⁰⁰	
		# <u>7140</u>	
2. Trade Name of the Business (the name customers will see):			
<u>MORRISON MARKET</u>			
3. Business Location: Number and Street <u>722 SE 10th Ave</u>			
City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	ZIP <u>97214</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>722 SE 10th Ave</u>			
City <u>Portland</u>	State <u>OR</u>	ZIP <u>97214</u>	
6. Phone Number of the Business Location:			
7. Contact Person for this Application: 1			
Name <u>Dele Okedara</u>	Phone Number <u>(503) 875 9507</u>		
Mailing Address, City, State, ZIP			
Email <u>DeleOkedara@gmail.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	
		JUN 04 2018	
		Initials: 	



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: MORRISON CORPORATION Phone: (503) 875 9387

Trade Name (dba): Morrison Market

Business Location Address: 722 SE 10th

City: Portland ZIP Code: 97214

DAYS AND HOURS OF OPERATION

Table with 2 columns: Day, Hours. Rows for Sunday through Saturday.

Table with 2 columns: Day, Hours. Rows for Sunday through Saturday.

The outdoor area is used for:
[] Food service Hours: 7 to 10pm
[X] Alcohol service Hours: 11am to 10pm
[] Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.
(Investigator's Initials)

Seasonal Variations: [X] Yes [] No If yes, explain: outdoor Area used Summer Time

ENTERTAINMENT

- Check all that apply:
[] Karaoke
[] Coin-operated Games
[] Video Lottery Machines
[] Social Gaming
[] Pool Tables
[] Other:

- [X] Live Music
[X] Recorded Music
[X] DJ Music
[] Dancing
[] Nude Entertainers

DAYS & HOURS OF LIVE OR DJ MUSIC

Table with 2 columns: Day, Hours. Rows for Sunday through Saturday.

SEATING COUNT

Restaurant: 40 Outdoor: 20
Lounge: Other (explain):
Banquet: 40 Total Seating: 100

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: 5/16/18



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

1433659-97

Please Print or Type

Corporation Name: MMIO CORPORATION. Year Incorporated: 2018

Trade Name (dba): MORRISON MARKET

Business Location Address: 722 SE 10th

City: PORTLAND OR ZIP Code: 97214

List Corporate Officers:

Dele Okedara
(name) Michael Suh

President.
(title) Secretary

List Board of Directors:

Dele Okedara.
(name) Michael Suh

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:
<u>Dele Okedara</u>	<u>1</u>
<u>Michael Suh</u>	<u>1</u>

Number of Stock Shares:
Issued: _____
Unissued: _____
Total Shares Authorized to Issue: _____

Server Education Designee: Dele Okedara DOB: 9/18/68
(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: Dele Okedara President Date: 5/16/18
(name) (title)

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: MMIO

DBA OR TRADE NAME: MORRISON market PHONE: (503) 8759507 FAX: _____

BUSINESS ADDRESS (Including ZIP Code): 722 SE 10th Avenue Portland OR 97214

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New outlet

CONTACT PERSON: Deke Okedawa PHONE: (503) 8759507 EMAIL: Deke Okedawa@gmail.com

DESCRIPTION OF OUTLET Sult Michael (503) 449 2811

TYPE OF OPERATION (CHECK ALL THAT APPLY)
 Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: _____
SIZE OF SERVICE AREA: 4,000
EXISTING BUILDING: Yes No
ZONING: Exd
STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 40 LOUNGE SEATING CAPACITY: 40 OUTSIDE SEATING CAPACITY: 20

DESCRIBE SECURITY: Will be using certified DPS Security Company

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: 1pm CLOSE: 1 FRIDAY & SATURDAY OPEN: 4pm CLOSE: 2
HOW LATE WILL THERE BE OUTSIDE SEATING? 10pm HOW LATE WILL THERE BE ENTERTAINMENT? 2

HISTORY OF LOCATION
PREVIOUS BUSINESS NAME OF THIS LOCATION: N/A

NAME & ADDRESS OF PROPERTY OWNER: Best Partners LLC / 18444 Nixon Avenue Westlinn OR 97068

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): Food Conference \$ POP UP 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: 722 SE 10TH

R#: R150454

State ID: 1S1E02BA 6000

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 EX zone per Table 140-1. The plan district does not have any additional limitations.

Laura Lehman

Name of City Official

City Planner

Title

503-823-7391

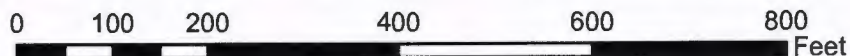
Contact Number

Laura T. Lehman

Signature of Official

7 /13 /2018

Date



1 inch = 200 feet

