



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

Board Clerk Use Only

Meeting Date: _____
 Agenda Item #: _____
 Est. Start Time: _____
 Date Submitted: _____

BUDGET MODIFICATION: -

Agenda Title:	Full On Premises Sales Liquor License Renewal for Bottoms Up Tavern, 16900 NW St. Helens Rd., Portland, OR
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Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Date Requested:	<u>December 10, 2009</u>	Time Requested:	<u>N/A</u>
Department:	<u>Sheriff's Office</u>	Division:	<u>Enforcement</u>
Contact(s):	<u>Kimberly Walker-Norton</u>		
Phone:	<u>(503) 251-2520</u>	Ext. _____	I/O Address: <u>313/122</u>
Presenter(s):	<u>Consent Calendar</u>		

General Information

1. What action are you requesting from the Board?
Board approval of liquor license application
2. Please provide sufficient background information for the Board and the public to understand this issue.

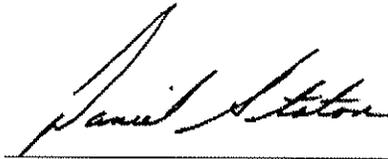
The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address of 16900 NW St. Helens Rd, Portland, Oregon, is in compliance with the Assessment and Taxation Office. The Land Use Planning Division reported that they have no objection to renewal of the liquor license.

With the investigation completed the Multnomah County Sheriff's Office forwards a **FAVORABLE RECOMMENDATION** for the Liquor License Renewal.

3. Explain the fiscal impact (current year and ongoing).
4. Explain any legal and/or policy issues involved.
5. Explain any citizen and/or other government participation that has or will take place.

Required Signatures

**Department/
Agency Director:**



Date: 12/10/2009

Budget Analyst:

Date:

Department HR:

Date:

Countywide HR:

Date:



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

Exemplary service for a safe, livable community

BERNIE GIUSTO
SHERIFF

503 255-3600 PHONE
503 251-2484 TTY
www.sheriff-mcso.org

December 20, 2009

Board of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-7355

Oregon Liquor Control Commission
9079 SE McLoughlin Boulevard
Portland, OR 97222-7355

Regarding: Bottoms Up Tavern
16900 NW St. Helens Rd
Portland, OR 97231

Subject: Liquor License Application
Full On-Premises

Owner: Bassam Moussa
8/14/67
16900 NW St. Helens Rd
Portland, OR

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With the investigation completed, the Multnomah County Sheriff's Office forwards a FAVORABLE RECOMMENDATION for the Liquor License Renewal.

With a FAVORABLE RECOMMENDATION for the liquor license.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel Stetson".

Sheriff

Oregon Liquor Control Commission
 PO Box 22297, Milwaukie, OR 97269 1-800-452-6522
License Renewal Application

**NEED
SVED**

YOUR DUE DATE FOR RENEWAL IS *December 11, 2009.*

License Type: FULL ON-PREMISES SALES	District: 1	License: 116376	Premises: 2213	Code: 225
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OREGON RIVER TAVERN INC
 16900 NW ST HELENS RD
 PORTLAND, OR 97231

Licensee(s) **OREGON RIVER TAVERN INC**

Server Education Designee(s)
MOUSSA, BASSAM 12/15/2009

Tradenname **BOTTOMS UP**
 16900 NW ST HELENS RD
 PORTLAND OR 97231

Instructions:

1. Answer all questions completely on the renewal application.
2. Each licensee listed above must sign the renewal application. If any licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.
3. Submit annual processing fee to your local governing body.
4. Return completed renewal application along with the appropriate license fee **by December 11, 2009 to avoid late fees.**

IMPORTANT: Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. YOUR LICENSE EXPIRES ON 12/31/2009. If you do not renew before this date, you must stop selling or serving alcohol immediately. **NO EXCEPTIONS!** Selling or serving alcohol with an expired license is a crime.

Operational Questions:	Responses:
(1) Is there a change in your Server Education Designee? If yes, please list their name and date of birth.	Name _____ DOB <u>NONE</u>
(2) Please list a daytime phone number.	Phone Number: <u>(503) 311-9514</u>
(3) Please list all <u>arrests or convictions</u> for any crime, violation, or infraction of any law during the last 18 months even if they are not liquor related for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	Name _____ Offense _____ Date _____ City/State _____ Result _____ <u>NONE</u>
(4) Under ORS 471.295 (2), you are required to maintain a Liquor Liability policy of NO LESS THAN \$300,000 . Please list Insurance/Bonding Company, Policy/ID # and Insurance agent's phone number.	Insurance/Bonding Company <u>Pacific Insurance Partners</u> Policy # <u>CS00215804</u> Insurance Agent's Phone # <u>(503) 357-7111</u>
(5) Will anyone share in the profits that is not a licensee of this business? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:
(6) Were there any changes of ownership (i.e.: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:
(7) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES & EXPLAIN: <u>I have remodeled The Back Deck as a smoking Deck</u>



Please proceed to back side.

License Fees - Please make check or money order to OLCC. Do not mail cash. Send payment to OLCC.	Dollar Amount (\$)
If completed renewal application is postmarked by 12/11/2009 please pay this amount.	\$402.60
If completed renewal application is postmarked after 12/11/2009 but on or before 12/31/2009 please pay this amount.	\$502.60
If completed renewal application is postmarked after 12/31/2009 please pay this amount.	\$562.60

Local Government- Send Payment to local government listed below.	
Local government Multnomah County located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee? We will not process your application until this has been paid.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

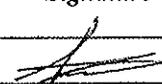
Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).

The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
2. Ensure your identity when we run a criminal background check through law enforcement agencies.
3. Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above.

You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

Signature – Please have <u>each</u> licensee sign below. An authorized officer with a corporation, a member of an LLC, or a partner of a limited partnership must sign for a legal entity.						
Print Name	Social Security Number	Date of Birth	Sex M/F	Today's date	Signature	SSN Authorization
Bassam MAUSSA	572-37-9057	08/14/67	M	11/04/09		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES
						<input type="checkbox"/> NO <input type="checkbox"/> YES

