



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 9/2/2010
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date: 9/2/2010
Agenda Item #: C-4
Est. Start Time: 9:30 AM

Agenda Title: **Off Premises and Limited On Premises Sales Liquor License Renewal for First Choice Market, 2041 NW Miller Rd., Portland, Oregon 97229**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Date Requested:	<u>August 17, 2010</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.	<u>I/O Address: 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 2041 NW Miller 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 as the property is outside of Multnomah Counties land jurisdiction.

Nothing in the background check of owner/s raised any questions or concerns.

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

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: 08/17/2010

Budget Analyst:

Date: _____

Department HR:

Date: _____

Countywide HR:

Date: _____



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

LICENSE TYPES

- ☐ Full On-Premises Sales (\$402.60/yr)
 - ☐ Commercial Establishment
 - ☐ Caterer
 - ☐ Passenger Carrier
 - ☐ Other Public Location
 - ☐ Private Club
- ☐ Limited On-Premises Sales (\$202.60/yr)
- ☒ Off-Premises Sales (\$100/yr)
 - ☐ with Fuel Pumps
- ☐ Brewery Public House (\$252.60)
- ☐ Winery (\$250/yr)
- ☐ Other: _____

ACTIONS

- ☐ Change Ownership
- ☒ New Outlet
- ☐ Greater Privilege
- ☐ Additional Privilege
- ☐ Other: _____

90-DAY AUTHORITY

☐ Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- ☐ Limited Partnership
- ☒ Corporation
- ☐ Limited Liability Company
- ☐ Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- ☐ Granted
- ☐ Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: STEVE BRINKHOF

Date: 7/7/10 Pending

90-day authority: ☐ Yes ☐ No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① Trio Investment Partners, Inc ③ _____

② _____ ④ _____

2. Trade Name (dba): 1st Choice Market

3. Business Location: 2041 NW Miller Rd Portland Multnomah OR 97229
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 908 NW 35th Ave Camas WA 98607
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (360) 601-5404 _____
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? ☐ Yes ☒ No

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? ☐ Yes ☒ No Name: _____
(manager must fill out an individual history form)

10. What is the local governing body where your business is located? Portland / Multnomah
(name of city or county)

11. Contact person for this application: Harwinder (Tony) Singh 360 601-5404
(name) (phone number(s))
908 NW 35th Ave Camas WA 98607
(address) (fax number) (e-mail address)

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

Applicant(s) Signature(s) and Date:

① [Signature] Date 6/23/10 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



OREGON LIQUOR CONTROL COMMISSION
CORPORATION QUESTIONNAIRE

● See section 2 of Guide for help with this form

#698168-91

6-3010

Please Print or Type

Corporation Name: Trio Investment Partners, Inc Year Incorporated: 2007

Trade Name (dba): 1st Choice Market

Business Location Address: 2041 NW Miller Rd

City: Portland ZIP Code: 97229

List Corporate Officers:

Gurjit Singh
(name)

President
(title)

Hindpreet Singh

Director

Bharwinder Singh

Sec / treasurer

List Board of Directors:

Gurjit Singh
(name)

Hindpreet Singh

Bharwinder Singh

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:

Gurjit Singh

95

Hindpreet Singh

155

Bharwinder Singh

250

Number of Stock Shares:

Issued: 500

Unissued: 500

Total Shares Authorized
to Issue: 1000

Server Education Designee: N/A DOB: _____

(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) Director (title) Date: 6/23/10

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY

PLEASE PRINT OR TYPE

YOU MUST ANSWER ALL QUESTIONS ON THIS FORM. IF THE QUESTION DOES NOT APPLY, WRITE N/A IN THE SPACE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Trade Name (d.b.a.): 1st Choice Market City: Portland

1. Name: Singh Gurjit
(last) (first) (middle)

2. Other names used (maiden, other): N/A

3. Residence Address: 2239 NW Oxford St. Camas Wa 98607
(number and street) (city) (state) (ZIP code)

4. Home Phone: (360) 909-7375 Business Phone: ()

5. *SSN: 532-19-1228 Place of Birth: India DOB: 10/07/1962 Sex: M ☒ F
(State/Country) (mm) (dd) (yyyy)

6. Driver License or State ID #: Singh 381 PG State: Wa Spouse's name: Kaur, Hitpreet

7. List all states, other than Oregon, where you have lived during the past ten years:

Washington

8. Do you currently hold, or have you ever held a liquor license in this or any other state? ☒ Yes ☐ No
If yes, when, where and name of premises? Current - Wa - Trio Investment Partners, Inc

9. In the past twelve years, have you been convicted of any violation, misdemeanor or felony? ☐ Yes ☒ No
If yes, what, when and where?

10. Have you ever entered into a diversion agreement? ☐ Yes ☒ No
If yes, when and where?

11. Do you have any arrests or citations that have not been resolved? ☐ Yes ☒ No
If yes, arrested/cited for: Date County/City/State/

12. If you are applying for a retail liquor license:

a. Do you have any financial interest, direct or indirect, in any manufacturer or distributor of alcohol? ☐ Yes ☒ No If yes, what and where:

b. Does any person having a financial or ownership interest in a manufacturer or distributor have an interest in, or potential claim upon your business or premises, for instance through investment, a loan, lease or contract? ☐ Yes ☒ No If yes, who?

13. Have you ever had a warning, violation, suspension, fine, cancellation or refusal as a licensee or service permittee, in Oregon or any other state? ☐ Yes ☒ No If yes, when: where:

I UNDERSTAND THE OLCC WILL USE THE ABOVE INFORMATION TO CHECK FOR CRIMINAL RECORDS. I UNDERSTAND IF MY ANSWERS ARE NOT TRUE AND COMPLETE, THE OLCC MAY DENY MY LICENSE APPLICATION.

Applicant Signature: [Signature] Date: 6/23/10

***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). The OLCC will refuse a license to any applicant or licensee who fails to provide his/her SSN. Your SSN will be used only for child support enforcement purposes unless you sign below.

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)). If you consent to these uses, please sign here:

Applicant Signature: [Signature] Date: 6/23/10



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OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY

PLEASE PRINT OR TYPE

YOU MUST ANSWER ALL QUESTIONS ON THIS FORM. IF THE QUESTION DOES NOT APPLY, WRITE N/A IN THE SPACE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Trade Name (d.b.a.): 1st Choice Market City: Portland

1. Name: Singh (last) Hindpreet (first) (middle)

2. Other names used (maiden, other): N/A

3. Residence Address: 3902 NW 29th Ave (number and street) Camas (city) Wa (state) 98607 (ZIP code)

4. Home Phone: (360) 450-7143 Business Phone: ()

5. *SSN: 533 41 8234 Place of Birth: India (State/Country) DOB: 11 / 07 / 1967 (mm) (dd) (yyyy) Sex: M ☒ F

6. Driver License or State ID #: Singh H 3806 State: Wa Spouse's name: Talwar, Manpreet

7. List all states, other than Oregon, where you have lived during the past ten years: Washington

8. Do you currently hold, or have you ever held a liquor license in this or any other state? ☒ Yes ☐ No
If yes, when, where and name of premises? Current - Wa - Trio Investment Partners Inc

9. In the past twelve years, have you been convicted of any violation, misdemeanor or felony? ☐ Yes ☒ No
If yes, what, when and where?

10. Have you ever entered into a diversion agreement? ☐ Yes ☒ No
If yes, when and where?

11. Do you have any arrests or citations that have not been resolved? ☐ Yes ☒ No
If yes, arrested/cited for: Date County/City/State/ 1 JUL 01 2010

12. If you are applying for a retail liquor license:

a. Do you have any financial interest, direct or indirect, in any manufacturer or distributor of alcohol? ☐ Yes ☒ No If yes, what and where:

b. Does any person having a financial or ownership interest in a manufacturer or distributor have an interest in, or potential claim upon your business or premises, for instance through investment, a loan, lease or contract? ☐ Yes ☒ No If yes, who?

13. Have you ever had a warning, violation, suspension, fine, cancellation or refusal as a licensee or service permittee, in Oregon or any other state? ☐ Yes ☒ No If yes, when: where:

I UNDERSTAND THE OLCC WILL USE THE ABOVE INFORMATION TO CHECK FOR CRIMINAL RECORDS. I UNDERSTAND IF MY ANSWERS ARE NOT TRUE AND COMPLETE, THE OLCC MAY DENY MY LICENSE APPLICATION.

Applicant Signature: [Signature] Date: 6/23/10

***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). The OLCC will refuse a license to any applicant or licensee who fails to provide his/her SSN. Your SSN will be used only for child support enforcement purposes unless you sign below.

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)). If you consent to these uses, please sign here:

Applicant Signature: [Signature] Date: 6/23/10



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OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY



PLEASE PRINT OR TYPE

YOU MUST ANSWER ALL QUESTIONS ON THIS FORM. IF THE QUESTION DOES NOT APPLY, WRITE N/A IN THE SPACE.
ATTACH ADDITIONAL SHEETS IF NECESSARY.

Trade Name (d.b.a.): 1st Choice Market City: Portland

1. Name: Singh Brarwinder
(last) (first) (middle)

2. Other names used (maiden, other): N/A

3. Residence Address: 908 NW 35th Ave Canas Wa 98607
(number and street) (city) (state) (ZIP code)

4. Home Phone: (360) 601-8104 Business Phone: ()

5. *SSN 603-58-2514 Place of Birth: India DOB: 06/09/1972 Sex: M X F
(State/Country) (mm) (dd) (yyyy)

6. Driver License or State ID #: 987127 State: OR Spouse's name: Minhas, Kamlesh

7. List all states, other than Oregon, where you have lived during the past ten years:
OR, WA

8. Do you currently hold, or have you ever held a liquor license in this or any other state? X Yes No
If yes, when and where? current Washington - Trio Investment Partners, Inc

9. In the past twelve years, have you been convicted of any violation, misdemeanor or felony?
(include traffic violations, if the fine was more than \$50.00) X Yes No
If yes, what, when and where?

10. Have you ever entered into a diversion agreement? X Yes No
If yes, when and where?

11. Do you have any arrests or citations that have not been resolved? X Yes No
If yes, arrested/cited for: Date County/City/State/ JUL 01 2010

12. If you are applying for a retail liquor license:
a. Do you have any financial interest, direct or indirect, in any manufacturer or distributor of alcohol? X Yes No If yes, what and where:
b. Does any person having a financial or ownership interest in a manufacturer or distributor have an interest in, or potential claim upon your business or premises, for instance through investment, a loan, lease or contract? X Yes No If yes, who?

13. Have you ever had a warning, violation, suspension, fine, cancellation or refusal as a licensee or service permittee, in Oregon or any other state? X Yes No If yes, when: where:

I UNDERSTAND THE OLCC WILL USE THE ABOVE INFORMATION TO CHECK FOR CRIMINAL RECORDS. I UNDERSTAND IF MY ANSWERS ARE NOT TRUE AND COMPLETE, THE OLCC MAY DENY MY LICENSE APPLICATION.

Applicant Signature: [Signature] Date: 6/22/10

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Applicant Signature: [Signature] Date: 6/22/10





OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Trio Investment Partners Inc Phone: 360 601-5404

Trade Name (dba): 1st Choice Market

Business Location Address: 2041 NW. Miller Rd.

City: Portland ZIP Code: 97229

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 6 AM to 10 PM
Monday 6 AM to 10 PM
Tuesday 6 AM to 10 PM
Wednesday 6 AM to 10 PM
Thursday 6 AM to 10 PM
Friday 6 AM to 11 PM
Saturday 6 AM to 11 PM

Outdoor Area Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday N/A
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for:

☐ Food service Hours: _____ to _____
☐ Alcohol service Hours: _____ to _____
☐ 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:

N/A

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input 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 _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday N/A
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: None
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

OLCC USE ONLY

Investigator Verified Sealing: _____ (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: 6/28/10

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