

ANNOTATED MINUTES

Tuesday, December 16, 2003 - 9:00 AM to 2:00 PM

Midland Branch Library, Large Meeting Room

805 SE 122nd Avenue, Portland

ELECTED OFFICIALS RETREAT

Chair Diane Linn convened the meeting at 9:10 a.m., with Auditor Suzanne Flynn, District Attorney Mike Schrunk, Sheriff Bernie Giusto, Vice-Chair Maria Rojo de Steffey and Commissioners Serena Cruz and Lonnie Roberts present, and Commissioner Lisa Naito excused.

The Multnomah County Auditor, Board of Commissioners, District Attorney and Sheriff and selected staff will participate in a facilitated retreat to review the County's vision and values and identify and coordinate Board priorities.

ELECTED OFFICIALS, WITH FACILITATOR KAY SOHL, DISCUSSED ISSUES INCLUDING: WHAT THE COUNTY WANTS TO ACHIEVE IN RESPECT TO ITS VISION; THE STRATEGIC SIGNIFICANCE OF THE COUNTY'S LONG TERM BENCHMARKS; AND BENEFITS OF ELECTED TEAMWORK AND SHARED AGENDAS.

The meeting was recessed at 10:07 a.m. and reconvened at 10:15 a.m.

The meeting was recessed at 11:25 a.m. and reconvened at 11:41 a.m.

ELECTED OFFICIALS AND ELECTED OFFICIALS' STAFF, WITH FACILITATOR KAY SOHL, DISCUSSED ISSUES INCLUDING: STAFF STRATEGIES; WEEKLY BOARD STAFF MEETINGS; AGENDA REVIEW TEAM; DEPARTMENTAL DISCUSSIONS WITH BOARD STAFF ON EMERGING ISSUES AND CHALLENGES; REVISION OF AGENDA PLACEMENT REQUEST/STAFF REPORT; AND ELECTED OFFICIALS' COMMUNICATION AND MEETING PREFERENCES.

The meeting was recessed at 12:51 p.m. and reconvened at 1:00 p.m.

FACILITATOR KAY SOHL RECAPPED ELECTED OFFICIALS CONSENSUS ACTION ITEMS INCLUDING: REVISE VISION AND STRATEGIC FOCUS STATEMENT; REMOVE BARRIERS TO THE ART OF POLITICS PROCESS; IMPLEMENT CHANGES TO BOARD STAFF MEETING; IMPLEMENT AGREEMENTS OF ELECTED TO ELECTED COMMUNICATION; AND SHARE ASSESSMENT OF "IMPROVED WORKING RELATIONSHIP".

There being no further business, the meeting was adjourned at 1:19 p.m.

Thursday, December 18, 2003 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

Chair Diane Linn convened the meeting at 9:31 a.m., with Vice-Chair Maria Rojo de Steffey and Commissioners Lisa Naito, Serena Cruz and Lonnie Roberts present.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER ROBERTS, SECONDED BY COMMISSIONER CRUZ, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-18) WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES

- C-1 Approval of Auto Wrecker License Renewal for Harold Milne of LOOP-HI WAY TOWING, 28609 SE Orient Drive, Gresham
- C-2 Approval of Auto Wrecker License Renewal for Frank Miller of FRANK MILLER TRUCK WRECKING, 15015 NW Miller Road, Portland

DEPARTMENT OF COUNTY HUMAN SERVICES

- C-3 ORDER Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

ORDER 03-166.

SHERIFF'S OFFICE

- C-4 Off Premises Sales AND Limited On Premises Sales Liquor License Renewals for BIG BEAR'S CROWN POINT MARKET, 31815 E Columbia River Highway, Troutdale
- C-5 Full On Premises Sales Liquor License Renewal for BOTTOMS UP TAVERN, 16900 NW St Helens Road, Portland
- C-6 Off Premises Sales Liquor License Renewal for CORBETT COUNTRY MARKET, 36801 E. Historic Columbia River Highway, Corbett
- C-7 Off Premises Sales Liquor License Renewal for CRACKER BARREL GROCERY, 15005 NW Sauvie Island Road, Portland
- C-8 Off Premises Sales Liquor License Renewal for FRED'S MARINA, 12800 NW Marina Way, Portland
- C-9 Limited On-Premises Sales Liquor License Renewal for HISTORIC SPRINGDALE PUB AND EATERY, 32302 E. Crown Point Highway, Corbett
- C-10 Full On Premises Sales Liquor License Renewal for MULTNOMAH FALLS LODGE, S/S Scenic Highway and Columbia Gorge, Bridal Veil
- C-11 Off Premises Sales Liquor License Renewal for ORIENT COUNTRY STORE, 29822 SE Orient Drive, Gresham
- C-12 Off Premises Sales Liquor License Renewal for PLAINVIEW GROCERY, 11800 NW Cornelius Pass Road, Portland
- C-13 Full On Premises Sales Liquor License Renewal for PLEASANT HOME SALOON, 31637 SE Dodge Park Boulevard, Gresham
- C-14 Off Premises Sales Liquor License Renewal for ROCKY POINTE MARINA, 23586 NW St Helens Highway, Portland

- C-15 Off Premises Sales Liquor License Renewal for TENLY'S JACKPOT FOODMART, 28210 SE Orient Drive, Gresham
- C-16 Full On Premises Sales Liquor License Renewal for TIPPY CANOE BAR AND GRILL, 28242 E. Historic Columbia River Highway, Troutdale
- C-17 Off Premises Sales Liquor License Renewal for WEECE'S MARKET, 7310 SE Pleasant Home Road, Gresham
- C-18 Limited On Premises Sales Liquor License Renewal for WILDWOOD GOLF COURSE, 21881 NW St. Helens Road, Portland

REGULAR AGENDA
PUBLIC COMMENT

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

NO ONE WISHED TO COMMENT.

DEPARTMENT OF HEALTH

- R-1 Second Reading and Possible Adoption of a Proposed ORDINANCE Amending Multnomah County Code Chapter 21, Health, Relating to Food Service, Pool and Spa and Tourist and Traveler License Fees and Declaring an Emergency

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF SECOND READING AND ADOPTION. NO ONE WISHED TO TESTIFY. ORDINANCE 1023 UNANIMOUSLY ADOPTED.

- R-2 RESOLUTION Establishing Fees and Charges for Chapter 21, Health, of the Multnomah County Code, and Repealing Resolution No. 02-118

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-2. LILA WICKHAM EXPLANATION. RESOLUTION 03-167 UNANIMOUSLY ADOPTED.

DEPARTMENT OF COUNTY HUMAN SERVICES

- R-4 RESOLUTION Authorizing Designated Secured Transport Services to Transport Mentally Ill or Allegedly Mentally Ill Persons

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-4. SETH LYON EXPLANATION AND RESPONSE TO BOARD QUESTION AND COMMENT IN APPRECIATION. RESOLUTION 03-168 UNANIMOUSLY ADOPTED.

- R-5 NOTICE OF INTENT to Submit an Oregon Children's Plan Special Project Application to the State Office of Mental Health and Addictions Services, to Implement the Early Childhood System Goals of the Oregon Children's Plan

COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF R-5. JOHN PEARSON EXPLANATION. NOTICE OF INTENT UNANIMOUSLY APPROVED.

OFFICE OF SCHOOL AND COMMUNITY PARTNERSHIPS

- R-6 RESOLUTION Approving the Transfer of Tax-Foreclosed Properties to Non-profit Housing Sponsors for Low Income Housing Purposes

COMMISSIONER CRUZ MOVED AND COMMISSIONER NAITO SECONDED, APPROVAL OF R-6. AT THE REQUEST OF HC TUPPER, COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF AMENDMENT REMOVING 6804 SE 39TH AVENUE FROM THE TRANSFER LIST UNTIL SUCH TIME AS STAFF CAN RESEARCH DEED RECORDS AND CLEAR UP QUESTION OF THE CITY OF PORTLAND. MR. TUPPER CLARIFICATION OF PROPERTY IN RESPONSE TO BOARD QUESTIONS. AMENDMENT UNANIMOUSLY APPROVED. HC TUPPER INTRODUCED BOB JONES OF THE TECHNICAL COMMITTEE AND EXPRESSED APPRECIATION FOR HIS EXPERTISE AND INVOLVEMENT. MR. TUPPER EXPLANATION AND RESPONSE TO

BOARD QUESTIONS REGARDING THE TWO PROPERTIES BEING TRANSFERRED TO HUMAN SOLUTIONS AND SABIN COMMUNITY DEVELOPMENT RESPECTIVELY. RESOLUTION 03-169 UNANIMOUSLY ADOPTED, AS AMENDED.

DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES

- R-7 Government Expenditure Contract (190 Agreement) 0410555 with Scappoose School District for Sauvie Island School, Providing Reporting Requirements and Administrative Procedures to Account for and Distribute the Multnomah County Personal Income Tax

COMMISSIONER NAITO MOVED AND COMMISSIONER ROJO SECONDED, APPROVAL OF R-7. DAVE BOYER EXPLANATION AND RESPONSE TO A QUESTION OF COMMISSIONER ROJO. AGREEMENT UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- R-8 RESOLUTION Establishing Multnomah County Military Leave Vacation Donation Program

COMMISSIONER ROJO MOVED AND COMMISSIONER ROBERTS SECONDED, APPROVAL OF R-8. COMMISSIONER ROJO EXPLANATION. COMMISSIONER ROBERTS AND CHAIR LINN COMMENTS IN SUPPORT. COMMISSIONER ROJO EXPRESSED APPRECIATION OF THE EFFORTS OF GAIL PARNELL AND STAFF. RESOLUTION 03-170 UNANIMOUSLY ADOPTED.

- R-9 Third Reading and Possible Adoption of a Proposed ORDINANCE Amending Multnomah County Code Sections 7.101, 7.104 and 7.201 Relating to Board Authority Over Risk Management Fund and County Litigation

ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER NAITO MOVED AND COMMISSIONER CRUZ SECONDED, APPROVAL OF THIRD READING AND ADOPTION.

***NO ONE WISHED TO TESTIFY. ORDINANCE 1024
UNANIMOUSLY ADOPTED.***

R-10 RESOLUTION: Delegation of Authority to Make Expenditures from the Risk Management Fund, Settle Claims Against the County, and Settle County Litigation [Rescheduled from December 11, 2003]

***COMMISSIONER NAITO MOVED AND
COMMISSIONER CRUZ SECONDED, APPROVAL
OF R-10. CHAIR LINN AND COMMISSIONER
ROBERTS EXPLANATION. RESOLUTION 03-171
UNANIMOUSLY ADOPTED.***

COMMISSION ON CHILDREN, FAMILIES AND COMMUNITY

R-3 BUDGET MODIFICATION NOND 01 Appropriating Kellogg Youth Innovation Fund Grant Revenue in the Amount of \$35,282 to the Commission on Children, Families, and Community Budget for Fiscal Year 2004

***COMMISSIONER CRUZ MOVED AND
COMMISSIONER ROBERTS SECONDED,
APPROVAL OF R-3. WENDY LEBOW AND
JOSHUA TODD EXPLANATION. CHAIR LINN
DIRECTED STAFF TO PROVIDE A BOARD
UPDATE NEXT YEAR. BUDGET MODIFICATION
UNANIMOUSLY APPROVED.***

There being no further business, the regular meeting was adjourned and the briefing was convened at 10:04 a.m.

Thursday, December 18, 2003 - 10:15 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

B-1 2-1-1 Information and Referral Briefing. Presented by Becca Uherbelau, Sonali S. Balajee, Mary Li and Janet Bowman.

**WENDY LEBOW, VAN LE, KELLY HUOTARI,
LIESL WENDT, SONALI BALAJEE AND MARY LI
PRESENTATION AND RESPONSE TO BOARD
QUESTIONS AND DISCUSSION.**

There being no further business, the meeting was adjourned at 10:46 a.m.

BOARD CLERK FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

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DECEMBER 16 & 18, 2003

BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Elected Officials Retreat
Pg 4	9:30 a.m. Thursday Opportunity for Public Comment on Non-Agenda Matters
Pg 4	9:50 a.m. Thursday Resolution Approving the Transfer of Tax-Foreclosed Properties to Non-profit Housing Sponsors for Low Income Housing Purposes
Pg 5	10:05 a.m. Thursday Resolution Establishing Multnomah County Military Leave Vacation Donation Program
Pg 5	10:15 a.m. Thursday 2-1-1 Information and Referral Briefing
	The December 25, 2003 and January 1, 2004 Board Meetings are Cancelled

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30
Friday, 11:00 PM, Channel 30
Saturday, 10:00 AM, Channel 30
Sunday, 11:00 AM, Channel 30

Produced through Multnomah Community
Television

(503) 491-7636, ext. 333 for further info
or: <http://www.mctv.org>

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Thursday, December 18, 2003 - **9:30 AM**
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REGULAR MEETING

CONSENT CALENDAR - 9:30 AM

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- C-1 Approval of Auto Wrecker License Renewal for Harold Milne of LOOP-HI WAY TOWING, 28609 SE Orient Drive, Gresham
- C-2 Approval of Auto Wrecker License Renewal for Frank Miller of FRANK MILLER TRUCK WRECKING, 15015 NW Miller Road, Portland

DEPARTMENT OF COUNTY HUMAN SERVICES

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REGULAR AGENDA - 9:30 AM

PUBLIC COMMENT - 9:30 AM

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DEPARTMENT OF HEALTH - 9:30 AM

- R-1 Second Reading and Possible Adoption of a Proposed ORDINANCE Amending Multnomah County Code Chapter 21, Health, Relating to Food Service, Pool and Spa and Tourist and Traveler License Fees and Declaring an Emergency
- R-2 RESOLUTION Establishing Fees and Charges for Chapter 21, Health, of the Multnomah County Code, and Repealing Resolution No. 02-118

COMMISSION ON CHILDREN, FAMILIES AND COMMUNITY - 9:35 AM

- R-3 BUDGET MODIFICATION NOND 01 Appropriating Kellogg Youth Innovation Fund Grant Revenue in the Amount of \$35,282 to the Commission on Children, Families, and Community Budget for Fiscal Year 2004

DEPARTMENT OF COUNTY HUMAN SERVICES - 9:40 AM

- R-4 RESOLUTION Authorizing Designated Secured Transport Services to Transport Mentally Ill or Allegedly Mentally Ill Persons
- R-5 NOTICE OF INTENT to Submit an Oregon Children's Plan Special Project Application to the State Office of Mental Health and Addictions Services, to Implement the Early Childhood System Goals of the Oregon Children's Plan

OFFICE OF SCHOOL AND COMMUNITY PARTNERSHIPS - 9:50 AM

- R-6 RESOLUTION Approving the Transfer of Tax-Foreclosed Properties to Non-profit Housing Sponsors for Low Income Housing Purposes

DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES - 10:00 AM

- R-7 Government Expenditure Contract (190 Agreement) 0410555 with Scappoose School District for Sauvie Island School, Providing Reporting Requirements

and Administrative Procedures to Account for and Distribute the Multnomah
County Personal Income Tax

NON-DEPARTMENTAL - 10:05 AM

- R-8 RESOLUTION Establishing Multnomah County Military Leave Vacation
Donation Program
- R-9 Third Reading and Possible Adoption of a Proposed ORDINANCE
Amending Multnomah County Code Sections 7.101, 7.104 and 7.201
Relating to Board Authority Over Risk Management Fund and County
Litigation
- R-10 RESOLUTION: Delegation of Authority to Make Expenditures from the
Risk Management Fund, Settle Claims Against the County, and Settle
County Litigation [Rescheduled from December 11, 2003]
-

Thursday, December 18, 2003 - 10:15 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

- B-1 2-1-1 Information and Referral Briefing. Presented by Becca Uherbelau,
Sonali S. Balajee, Mary Li and Janet Bowman. 30 MINUTES
REQUESTED.

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-1

Est. Start Time: 9:30 AM

Date Submitted: 11/24/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Business & Community Services

Division: Land Use & Transportation

Contact/s: Don Kienholz

Phone: 503 988-3043

Ext.: 29270

I/O Address: 455/116

Presenters: Consent Calendar

Agenda Title: Approval of Auto Wrecker License Renewal for Harold Milne of LOOP-HI WAY TOWING, 28609 SE Orient Drive, Gresham

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

-
1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approval
 2. **Please provide sufficient background information for the Board and the public to understand this issue.** See Staff Report
 3. **Explain the fiscal impact (current year and ongoing).** N/A

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**

- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. **Explain any legal and/or policy issues.** Per MCC 15.200 et. seq., we request hearing date of December 18, 2003 in order to meet the annual expiration date.
5. **Explain any citizen and/or other government participation that has or will take place.** Sheriffs Office conducted background checks per MCC 15.200 et. seq. and Assessment and Taxation verified taxes have been paid in full as per MCC 15.200 et. seq.

Required Signatures:



Department/Agency Director:

Date: 11/24/03

Budget Analyst

By:

Date:

Dept/Countywide HR

By:

Date:



Department of Business and Community Services
MULTNOMAH COUNTY OREGON

Land Use and Transportation Program
1600 SE 190th Avenue
Portland, Oregon 97233-5910
(503) 988-3043

Staff Report
Determination of Compliance
2004 Wrecker's License Renewal
Loop Hi-Way Towing
28609 SE Orient Drive

Case# T1-03-049

This Staff Report and Determination of Compliance is made pursuant to the requirements specified by Multnomah County Code Section 5.10.010 Wrecker certificate processing fees. An application for renewal of a Wrecker Certificate as required by the State of Oregon Department of Motor Vehicles was submitted by Irma Milne, 28304 SE Orient Drive, Gresham, Oregon on November 21, 2003.

I. Conditions of Approval:

1. The applicant shall obtain a Business Certificate as a wrecker of motor vehicles from the Oregon Department of Transportation. Applications for future wrecker's license renewals shall include a copy of the prior years wreckers certificate issued by the Oregon Department of Transportation.
2. If there are any changes to the property during the year prior to renewal of wrecker certification, applications for future wrecker's license renewals shall include submittal of a site plan, drawn to scale, showing the revisions. Expansion of the dimensions of the wrecking yard shall not occur without prior approval of the County.
3. Taxes shall be kept current prior to approval of future wrecker's license renewals.
4. Any application for a wreckers license or renewal must be reviewed by staff and presented to the Board of County Commissioners as required under MCC 15.200 et. seq.

II. Applicable Zoning Considerations:

The applicable zoning considerations as specified in MCC 15.202(B)(3) and (5) are addressed below:

A. Compliance with the requirements of ORS 822.110:

The Oregon Department of Transportation shall issue a wrecker certificate to any person if the person meets all of the following requirements:

- (1) The person must establish that the area approved under the wrecker certificate for use in a wrecking business meets one of the following:**
 - (a) The area is more than 1,100 feet from the nearest edge of the right of way of any state highway.**
 - (b) The business conducted within the area is hidden or adequately screened by the terrain or other natural objects or by plantings, fences or other natural objects or by plantings, fences or other appropriate means, so as not to be visible from the main traveled way of the highway, in accordance with rules adopted by the director.**
 - (c) The area and the business thereon are located in an area zoned for industrial use under authority of the laws of this state.**
- (2) The person must pay the fee required under ORS 822.700 for issuance of a wreckers certificate.**
- (3) The person must complete the application for a wrecker certificate described under ORS 822.115.**
- (4) The person must deliver to the department any approvals by local governments required under ORS 822.140.**
- (5) The person must deliver to the department a bond or letter of credit that meets the requirements of ORS 822.120.**

Finding: Photos taken of the site by Land Use Planning code enforcement staff on 11/21/03 indicate that both natural vegetation and a fence screen vehicles from adjacent roads, property and Highway 30 on the ridge to the South , consistent with ORS 822.110 (1)(b). Recent visual inspections by Land Use Planning Staff confirm the natural vegetation and fence still exist and screen the wrecking yard. However, due to the higher elevation of Highway 30 (St. Helens Highway), the screening does not hide the site from this main travel way entirely. This site has been determined to be a non-conforming use in operation continuously since 1975. Therefore, visibility from Highway 30 is not an issue for this finding because it is a non-conforming use established at a time when the property was zoned for industrial use. The applicant has provided a Surety Bond by Contractors Bonding and Insurance Company (CBIC) with a dated effectiveness of January 1, 2004 to December 31, 2004. Compliance with the requirements of ORS 822.110 (2)-(4) will be ensured by obtaining a Wreckers Certificate issued by the Oregon Department of Transportation.

B. Compliance with the business locational provisions of ORS 822.135:

(1) A person commits the offense of improperly conducting a wrecking business if the person holds a wrecker certificate issued under ORS 822.110 and the person does any of the following:

(b) Expands the dimensions of or moves any of the person's places of business or opens any additional places of business without obtaining a supplemental wrecker certificate by the procedure under ORS 822.125.

Finding: Staff has found no evidence or indication that the dimensions of the wrecking yard have been expanded beyond that of the existing Wreckers Certificate. The applicant has submitted a site plan clearly identifying the dimensional boundaries of the wrecking yard (fenced and/or screened areas) in relation to property lines and setbacks. A site visit on November 21, 2003 confirms the existing dimensions of the wrecking yard. Expansion of the dimensions of the wrecking yard shall not occur without prior approval of the County.

(g) Fails to keep the premises on the outside of the establishment clear and clean at all times.

Finding: The Land Use Planning Section conducted a field inspection on November 21, 2003 and took photos of the site indicating the area outside the establishment is clear and clean. There has been no indication since that time of the establishment not being kept clear and clean.

(h) Conducts any wrecking, dismantling or altering of vehicles outside the building, enclosure or barrier on the premises of the business.

Finding: Based on staffs' field inspection on November 21, 2003, no dismantling or altering of vehicles outside the fenced area of the business was evident. Furthermore, there has been no indication since then that the dismantling or altering of vehicles has taken place outside the premises of the business.

C. Compliance with zoning regulations:

The wrecking yard was determined to be a non-conforming use in the 12/16/91 "Report of Site Inspection" contained in the wrecking yard file on the subject property, a copy of which is kept in the Land Use Planning Office. The file contains a record of license renewal requests from 1986 forward. Examination of department land use inventory maps and zoning maps indicates that the business was in existence on the property in 1975, at which time the property was zoned M-1, which allowed the use. The property was re-zoned in 1997 to MUF-20, a

district which does not allow the use, therefore it became non-conforming at that time.

III. Notification:

Notice of this application was sent to the Multnomah County Sheriff on November 24, 2003. A recommendation of approval from the County Sheriff's Office was received on November 24, 2003 based upon a clean background check.

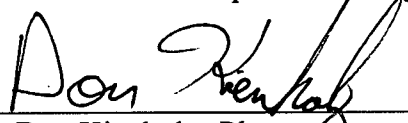
The 2003 Wrecker Renewal License was approved with a condition that "Taxes shall be kept current prior to approval of future wrecker's license renewals." No taxes are currently owed on the property according to a representative of the Multnomah County Assessment and Taxation in an email received on November 18, 2003.

IV. Recommendation:

The staff of the Land Use Planning Section respectfully recommends that the above license renewal be approved, based upon findings that the business satisfies the applicable requirements contained in MCC 15.200* and ORS 822.110, ORS 882.135 and continues to retain a non-conforming status.

Dated this 24th day of November 2003.

Multnomah County Department of Community and Sustainable Development
Land Use and Transportation Program



By Don Kienholz, *Planner*
For: Karen Schilling, *Planning Director*



Multnomah County
Land Use & Transportation Program
1600 SE 190th Avenue Portland Oregon 97233
Ph. 503.988.3043 Fax 503.988.3389
www.co.multnomah.or.us/dbcs/LUT/land use

General Application Form

PROPERTY IDENTIFICATION

Property Address 28609 S.E. Orient Dr. Gresh.
Tax Roll Description sect. 19 1S 4E: TL 100 1.56 acres

A&T Alternate Account Number R# R 342 197 / R 99419-100
Map Tax Lot 154E 196C 100 Site Size 1.56 acres

OTHER PARCEL (if applicable)

Property Address _____
Tax Roll Description _____

A&T Alternate Account Number R# _____
Map Tax Lot _____ Site Size _____

PROPERTY OWNER(S) ☒ OR CONTRACT PURCHASER(S) ☐

Name Harold M. / Irma M. Milne
Street Address 28304 S.E. Orient Dr.
City Gresham State OR Zip Code 97080

I authorize the applicant below to make this application.

If multiple property owners are party to the application, an additional application form shall be signed by each property owner.

Irma M. Milne
Property Owner's Signature

If no owner signature above, a letter of authorization from the owner is required. ☐

NOTE: By signing this form, the property owner or property owner's agent is granting permission for Planning Staff to conduct site inspections on the property.

APPLICANT'S NAME AND SIGNATURE

Applicant's Name Same Ashbore
Mailing Address _____
City _____ State _____ Zip Code _____ Phone # 503-663-3111
Fax _____ e-mail _____

Applicant's Signature

GENERAL DESCRIPTION OF APPLICATION (REQUIRED)

Please provide a brief description of your project.

Wrecker License Renewal WR 2007

For Staff Use

CASE NUMBER

71-03-049
File Number

LAND USE PERMIT(S)

Wrecker License Renewal

11/21/03

Date Submitted

PF/PA No.

Related Case No.

Related Case No.

Related Case No.

DA
Case Planner

ZONING INFORMATION

01
Zoning District

Zoning Overlay.

8/25/2003


**MULTNOMAH COUNTY, OREGON
PROPERTY RECORDS**
PROPERTY INFORMATION
Property
InformationTax
SummaryAssessment
HistoryImprovement
InformationNew
SearchSearch
ResultsPrintable
Summary

Logoff

Search Results for R342197
Owner Name

MILNE, HAROLD M & IRMA M

Property ID Number

R342197

Owner Address
28609 SE ORIENT DR
GRESHAM, OR 97080-9025
Situs Address
28609 SE ORIENT DR
GRESHAM, OR 97080
Alternate Account Number

R994191000

Neighborhood

C700

Map Tax Lot

1S4E19BC -00100

Levy Code Area - Taxing Districts

088

Property Description
Deed

INST

Instrument Year

06321460

Exemption
Expiration Date
Tax Roll Description

SECTION 19 1S 4E; TL 100 1.56 ACRES

Map Number

191S4E OLD 1S4E19BC -00100

Parcel
Account Status

A - Active

Use Code

REAL ESTATE

Year Built
Acreage

1.56

Split/Sub Account
Split/sub Account Message:

Property Not Involved With Split/Merge

Special Account Information
2004 Land Information (Unedited and Uncertified)

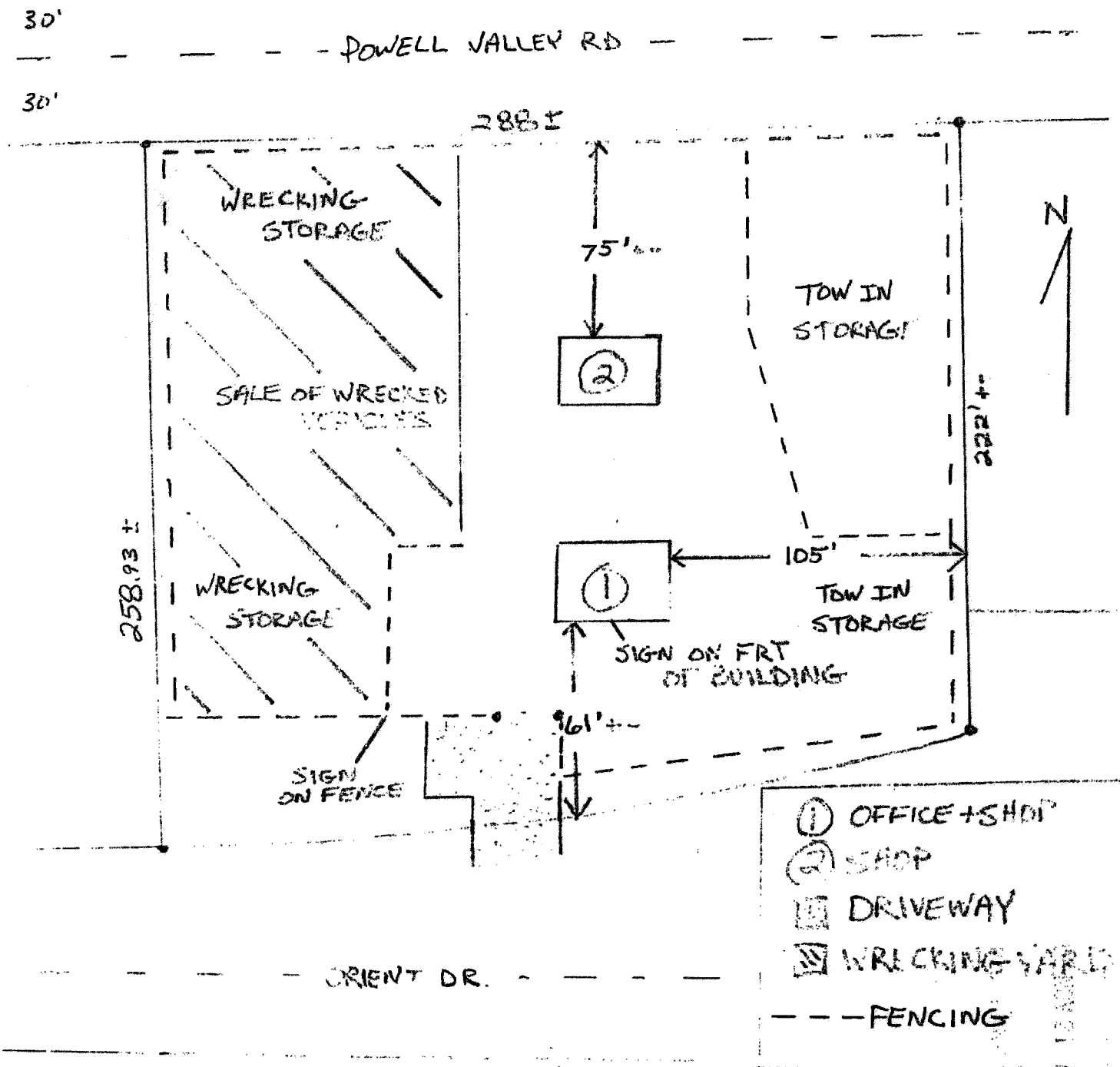
ID	Type	Acres	Sq Ft	Market Value
L1	COM - COMMERCIAL LAND	1.56	67961	\$63,850

 INFORMATION SUBJECT TO DISCLAIMER - SEE [HOME PAGE](#)


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28609 SE Orient Dr.
Gresham, OR 97080

Loop Hi-Way Towing
Site Plan Scale 1" = 50'



NO. 01 1110 00
CITY
SECTION

7/1/03 TO 6/30/04 REAL PROPERTY TAX STATEMENT
 MULTNOMAH COUNTY, OREGON * P.O. BOX 2716 * PORTLAND, OREGON 97208-2716
 Phone: (503) 988-3326

PROPERTY DESCRIPTION

SITUS: 28609 SE ORIENT DR
 SECTION 19 1S 4E; TL 100 1.56 ACRES

CODE AREA: 088

ACCOUNT NO: R342197

MILNE, HAROLD M & IRMA M
 28609 SE ORIENT DR
 GRESHAM, OR 97080-9025

VALUES:	LAST YEAR	THIS YEAR
MARKET VALUES:		
LAND	61,400	63,850
STRUCTURE	37,390	38,890
TOTAL RMV VALUE	98,790	102,740
TAXABLE VALUES:		
ASSESSED VALUE	53,180	54,770

2003-04 CURRENT TAX BY DISTRICT:
 MULTNOMAH CO ESD 25.06
 MT HOOD COMMUNITY COLLEGE 26.93
 GRESHAM-BARLOW SCHL DIST #10 247.93
 EDUCATION TAXES: \$299.92

PORT OF PORTLAND 3.84
 MULT CO FIRE DISTRICT #10 156.24
 METRO 5.29
 LUSTED WATER DIST 13.27
 MULTNOMAH COUNTY 237.89
 MULT CO LIBRARY LOCAL OPT TAX 41.35
 GENERAL GOVERNMENT TAXES: \$457.88

METRO BONDS 10.59
 MULTNOMAH COUNTY BONDS 9.50
 TRI-MET TRANSPORTATION BONDS 5.92
 MT HOOD COMM COLLEGE BONDS 1.20
 GRESHAM-BARLOW SD #10 BONDS 74.41
 ORIENT ELEM SCHL #6 OLD BONDS 37.65
 BONDS AND MISC TAXES: \$139.27

2003-04 TAX (Before Discount) \$897.07

PROPERTY TAXES: \$869.41 \$897.07

Please read the PROPERTY TAX INFORMATION insert. It may answer your questions and help you avoid potentially long waits.

TAX PAYMENT OPTIONS

(See back of statement for payment instructions)

	Pay By	Discount	Net Amount Due
In Full	11/17/03	26.91	\$870.16
2/3	11/17/03	11.96	\$586.09
1/3	11/17/03	NONE	\$299.03

PLEASE MAKE PAYMENT TO: Multnomah County

DELINQUENT TAXES:

\$0.00

TOTAL (After Discount):

\$870.16

PLEASE DETACH STUB AND RETURN WITH PAYMENT. RETAIN TOP PORTION FOR YOUR RECORDS.

754
 11/11/03
 P2 CR
 # 17857
 \$870.16

SURETY BOND

BOND NUMBER

YLI 200603

NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

LET IT BE KNOWN:THAT HAROLD M. MILNE AND CARL H. MILNE

(OWNER, PARTNERS, CORPORATION NAME)

DOING BUSINESS AS LOOP HI-WAY TOWING

(ASSUMED BUSINESS NAME, IF ANY)

HAVING PRINCIPAL PLACE OF BUSINESS AT 28609 S.E. ORIENT DR., GRESHAM, OR 97080

(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____

(ADDRESS, CITY, STATE, ZIP CODE)

(ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND OLD REPUBLIC SURETY COMPANY

(SURETY NAME)

P.O. BOX 4627, PORTLAND, OR 97208-4627

(ADDRESS, CITY, STATE, ZIP CODE)

503-245-6242

TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF WISCONSIN, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$2,000 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGN, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

A CONDITION OF THIS OBLIGATION IS SUCH THAT, WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS WRECKING, DISMANTLING AND SUBSTANTIALLY ALTERING THE FORM OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.120(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 743.755.

THIS BOND IS EFFECTIVE JANUARY 1 2004 AND EXPIRES DECEMBER 31 2004

(BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH.)

— ANY ALTERATION VOIDS THIS BOND —

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS 18TH DAY OF NOVEMBER 2003.

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

x Harold M. Milne

TITLE

PARTNER

SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)

x Helen L. Seidl

TITLE

HELEN L. SEIDL, ATTORNEY IN FACT**SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:****PLACE SURETY SEAL BELOW**

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME

OLD REPUBLIC SURETY COMPANY

TELEPHONE NUMBER

503-245-6242

ADDRESS

P.O. BOX 4627

CITY, STATE, ZIP CODE

PORTLAND, OR 97208-4627

APPROVED BY ATTORNEY GENERAL'S OFFICE

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: Helen L. Seidl, of Portland, OR

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto if a seal is required, bonds, undertakings, recognizances or other written obligations in the nature thereof, as follows:

All written instruments -----

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint Attorneys-in-Fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the Company to execute and deliver and affix the seal of the Company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such Attorney-in-Fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company
(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized Attorney-in-Fact or agent; or
(iii) when duly executed and sealed (if a seal be required) by one or more Attorneys-in-Fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the Company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 21st day of December, 2000

OLD REPUBLIC SURETY COMPANY

Geraldine J. Stelter
Assistant Secretary



William A. Foran
Vice President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 21st day of December, 2000, personally came before me, William A. Foran and Geraldine J. Stelter to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Sharon A. Pizur
Notary Public

My Commission Expires: 02/18/2001

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.



Signed and sealed at the City of Brookfield this 18th day of November, 2003

Geraldine J. Stelter
Assistant Secretary

WRECKER CERTIFICATE

WR2007

EFFECTIVE: JANUARY 3, 2003

EXPIRES: DECEMBER 31, 2003

Issued To:

HAROLD M MILNE & CARL H MILNE

DBA: LOOP HI-WAY TOWING

28609 SE ORIENT DR

GRESHAM OR 97080

This business is authorized to engage in buying, selling, or dealing in vehicles for the purpose of wrecking in the state of Oregon under the provisions of ORS 822.110, and to exercise privileges granted by certificate under the provisions of ORS 822.125.

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.

*Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314*

*** ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE ***



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

FAX REQUEST/RECEIPT AND TRANSMITTAL SHEET

DATE 11/24/03 1100 HOURS

TO: DON Kienholz

FAX NUMBER ADDRESSED TO: (503) 988-3389

FROM: Kathy Allen

SENDING FAX NUMBER: 251-2436

ATTENTION AND/OR SPECIAL INSTRUCTIONS:

ALL APPROVED.

NUMBER OF PAGES INCLUDING TRANSMITTAL SHEET: 3

CONFIDENTIALITY STATEMENT

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Thank you.

CONTACT NUMBER: (503) 251-2423

Nov 24 03 10:45a

Mult. Co. Land Use Plan

503-988-3389

p.1

Nov 14 03 11:53a

Mult. Co. Land Use Plan

503-988-3389

p.1



Multnomah County Sheriff's Office

12240 N.E. GLISAN ST., P.O.

Post-It® Fax Note

7671

To: Frank Allen
 Co. Mult Co Sheriff
 Phone # 503 251-2436
 Fax # 503 251-2436

Date 11-24-03 # of pages 2
 From Don Kienholz
 Co. Mult Co Planning
 Phone # 988-3013
 Fax #

Permission is given for Multnomah County Sheriff's Office to conduct a criminal background investigation in accordance with County Ordinance 723.

This permission is given in connection with the operation of a wrecking yard in Multnomah County.

Name or Owner/Manager Milne, Harold, Michael

Home Address: 28304 S.E. Orient Dr. Gresham

X Signature: Harold Milne

1. Full Name: Milne, Carl, Harvey

Address: 333915 SE Lusted Rd. Gresham

X Signature: Carl H. Milne

2. Full Name: _____

Address: _____

DOB / / SS# _____ Sex _____ Race _____ Driver's Lic.# _____ St. _____

Signature: _____

3. Full Name: _____

Address: _____

DOB / / SS# _____ Sex _____ Race _____ Driver's Lic.# _____ St. _____

Signature: _____

FOR OFFICIAL USE ONLY

approve

disapprove

date

Sheriff's Office Recommendation: X

11-24-03

Comments:

NOTICE OF SELECTION

NOV 24 11:00 AM '03

30



APPLICATION FOR BUSINESS CERTIFICATE
AS A WRECKER OF MOTOR VEHICLES OR
SALVAGE POOL OPERATOR

CERTIFICATE NUMBER

EXPIRATION DATE

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- SEE PAGE 4 FOR INSTRUCTIONS FOR COMPLETING A WRECKER APPLICATION.
- ANY ALTERATION OF LINE 3 VOIDS LOCATION APPROVAL.

FEE: \$150

☐ ORIGINAL ☒ RENEWAL

1	LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) <u>Loop Hi-Way Towing</u>	OREGON REGISTRY NUMBER (IF LLC OR CORPORATION) <u>498115-81</u>	BUSINESS TELEPHONE <u>(503) 663-3111</u>
2	BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME) <u>Loop Hi-Way Towing</u>	OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME) <u>498115-81</u>	BUSINESS TELEPHONE <u>(503) 663-3111</u>
3	MAIN BUSINESS LOCATION (STREET AND NUMBER) <u>28609 S.E. Orient Dr.</u>	CITY <u>Gresham</u>	ZIP CODE <u>97080</u>
4	MAILING ADDRESS <u>28609 S.E. Orient Dr.</u>	CITY <u>Gresham</u>	STATE <u>OR</u>
		ZIP CODE <u>97080</u>	COUNTY <u>Mult.</u>

5 CHECK ORGANIZATION TYPE: ☐ Individual ☒ Partnership ☐ LLC ☐ Corporation: If corporation, list the state under whose law business is incorporated: _____

6 What wrecking activities do you intend to perform (as stated in ORS 822.100)?
Check the applicable box(es).
☒ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling and selling used vehicle components thereof.
☐ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling or substantially altering the form of motor vehicles.
☐ Sell at wholesale wrecked, dismantled, disassembled, or substantially altered vehicles.
☐ Wrecking, dismantling, disassembling, or substantially altering vehicles including crushing, compacting or shredding.

7 a) THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE 1 1/2 acres ft. X _____ ft.
b) ORS 822.115(4) requires applicants to file a **description of the location** of the wrecking yard. Accordingly, please file a plat map or other description of the location of the premises..

8 By signing this application you are also certifying that:

1. The right of way of any highway adjacent to the area proposed for approval to conduct the wrecking business is used for access to the premises and public parking;
2. You maintain a building or enclosure or other barrier at least six feet high for the purpose of conducting the wrecking business;
3. You will not store any vehicles or vehicle parts or conduct the wrecking business outside of the building, enclosure or barrier except as permitted by ORS 822.135(1) (i) (A) and (B);
4. The business is hidden and adequately screened by the terrain or other natural objects or by plants, fences or other appropriate means so as not to be visible from the main traveled way or the highway except as permitted by ORS 822.135(1) (k) (A), and (B), (C).

9 LOCAL GOVERNMENT APPROVAL (CITY / COUNTY)

By signing this application you are authorizing wrecker business as defined in Line 5 above, to be conducted at the location listed on Line 2 of this application. If wrecker business cannot be conducted here, or if any of the conditions below are not met, do not sign this approval.

I CERTIFY THAT THE GOVERNING BODY OF THE ☐ CITY ☐ COUNTY OF _____ HAS:

- A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A WRECKING YARD OR BUSINESS (ORIGINAL APPLICATIONS ONLY).
- B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR LOCATION UNDER OREGON REVISED STATUTE 822.110(1).
- C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROHIBITION UNDER OREGON REVISED STATUTE 822.135.
- D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER OREGON REVISED STATUTE 822.140.

I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.

▼ PLACE STAMP OR SEAL HERE ▼

10 NAME	TITLE	PHONE NUMBER ()
11 SIGNATURE <u>X</u>	DATE	

Complete the section(s) below and sign.

(Be sure to attach a separate sheet to show additional owners.)

- List the primary owner, partners, LLC members or corporate officers below.
- If a member of a limited liability company (LLC) is a corporation, the president must provide information below.
- If a partner of a partnership is a corporation, the president must provide information below.
- If corporation or LLC, then Oregon registered agent name and address required below.

12

OREGON REGISTERED AGENT NAME	TELEPHONE NUMBER ()
------------------------------	-------------------------

13

OREGON REGISTERED AGENT STREET ADDRESS	CITY	STATE	ZIP CODE
--	------	-------	----------

14

OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
--	------	-------	----------

OWNERSHIP INFORMATION

15

PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER	TITLE	RESIDENCE TELEPHONE NUMBER
Loop Hi Way Harold M. Milne	Partner	(503) 1663-5843

16

DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE
08/05/43	16416	Oregon

17

RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
28304 SE Orient Dr.	Gresham	OR	97080

18

MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
--------------------------------	------	-------	----------

19

CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 15 ABOVE	DATE
X Carl H. Milne Harold M. Milne	11-14-03

20

PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER	TITLE	RESIDENCE TELEPHONE NUMBER
Carl H. Milne	Partner	(503) 1663-5462

21

DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE
01/11/49	1164029	Oregon

22

RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
33915 S.E. Lusted Rd	Gresham	OR	97080

23

MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
--------------------------------	------	-------	----------

24

CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 20 ABOVE	DATE
X Carl H. Milne Carl H. Milne	11-14-03

25

PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER	TITLE	RESIDENCE TELEPHONE NUMBER
		()

26

DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE

27

RESIDENCE ADDRESS	CITY	STATE	ZIP CODE

28

MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

29

CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 25 ABOVE	DATE
X	

30

Please attach (staple) copies of ALL owners, partners, LLC members or corporate officers official photo ID's (driver license or state issued identification card ONLY). If the residence address on the photo ID is different than the residence address listed on Page 2, submit a statement explaining why the addresses do not match.

Copy must be legible.

False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$1,000 or both. In addition, DMV sanctions against you or your wrecker certificate may be imposed. With this in mind... I certify that I am the owner, a partner, an LLC member, or a corporate officer of this business and that all information on this application is accurate and true. I certify that the right of way of any highway adjacent to the location listed above is used for access to the premises and public parking.

SURETY BOND

▼ BOND NUMBER ▼

NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

LET IT BE KNOWN:

THAT _____ (OWNER, PARTNERS, LLC OR CORPORATION NAME)
DOING BUSINESS AS _____ (ASSUMED BUSINESS NAME, IF ANY)
HAVING PRINCIPAL PLACE OF BUSINESS AT _____ (ADDRESS, CITY, STATE, ZIP CODE)
WITH ADDITIONAL PLACES OF BUSINESS AT _____ (ADDRESS, CITY, STATE, ZIP CODE)

(ADDRESS, CITY, STATE, ZIP CODE)
STATE OF OREGON, AS PRINCIPAL(S), AND _____ (SURETY NAME)

(ADDRESS, CITY, STATE, ZIP CODE) () TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF _____, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$2,000 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGN, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

A CONDITION OF THIS OBLIGATION IS SUCH THAT, WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS WRECKING, DISMANTLING AND SUBSTANTIALLY ALTERING THE FORM OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.120(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 743.755.

THIS BOND IS EFFECTIVE _____ (MONTH, DAY, YEAR) AND EXPIRES _____ (MONTH, DAY, YEAR) (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH.)

-- ANY ALTERATION VOIDS THIS BOND --

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED

THIS _____ (DAY) DAY OF _____ (MONTH) _____ (YEAR)

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

TITLE

X

SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)

TITLE

X

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:

PLACE SURETY SEAL BELOW

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME TELEPHONE NUMBER

ADDRESS

CITY, STATE, ZIP CODE

APPROVED BY ATTORNEY GENERAL'S OFFICE



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

INSTRUCTIONS FOR COMPLETING A WRECKER APPLICATION FOR A WRECKER CERTIFICATE (Originals and Renewals)

OFFICE HOURS for Business License Unit, in the Salem DMV Headquarters office,
in person are 8:00 – 4:30 p.m., Monday through Friday excluding holidays.

Read all parts of the application before completing it. Your application will be returned to you if any part is incomplete or missing.

Submit your completed application and fees to:

DMV Business License Unit
1905 Lana Ave NE
SALEM OR 97314
Phone: 503-945-5052
Website: www.oregondmv.com

When submitting your application and fees at the customer service counter:

- If paying in cash, please have correct amount since Business License Unit has no way to make change.
- Make copies of your application beforehand for your records and copies of photo ID before you come to the counter.

Legal Name – If your business is a sole proprietorship, list your full name as the legal name. If your business is a partnership, list the full names of each partner or the partnership name. If your business is an LLC, list the name of the limited liability company (includes "LLC") registered with Business Registry. If your business is a corporation, list the name of the corporation (includes: Inc, Corp, etc.) registered with Business Registry.

Business Name – If using an assumed business name or trade name, list the business name registered with Business Registry. Otherwise, your wrecker certificate will be issued using the legal name.

Oregon Registry Numbers – If you do not know your Oregon registry number(s), contact Business Registry at 503-945-2200.

Main Business Location – Business location where wrecking business is (or will be) being conducted.

Type of Organization – Check your organization type and if a corporation, list the state under whose law the business is incorporated.

Wrecking Activities – Complete the section that asks about the wrecking activities you intend to perform as stated in ORS 822.100. Check the applicable box(es).

Description of the location of the wrecking yard – To verify compliance with ORS 822.115(4), ORS 822.115(5), and 822.135(1)(f),(h),(l) and (k), submit a plat map or other acceptable documentation which clearly shows compliance with all of these requirements. The dimensions of the property on which the business is located is also required.

Local Government Approval – An applicant must comply with any regulations established by a city or county under ORS 822.140 and must obtain the approval of the governing body of the city or county. Take your wrecker application to the local city or county office to obtain their approval. Look in the phone book to find the address for your local office. The listing may be under "zoning," "land use" or "permits." Some cities and counties charge a fee for signing the application.

Registered Agent – If your business is an LLC or a corporation, the registered agent's name, street address and mailing address is required

Ownership/Applicant's Certification Signature – Provide name, residence address, mailing address and signature of owner, partners, LLC members or corporate officers on Page 3 (do not list CEOs, Chairs of the Board, General Managers, Directors, et al). Every applicant listed on the application must provide a certifying signature

Photo ID – Attach (staple) copies of each applicant's official photo ID. The copy must be legible. If the residence address on the photo ID and on Page 2 are not the same, attach a statement explaining why they do not match.

Bond – The bond required for a wrecker certificate is for \$2,000 and must be completed, signed and sealed by your bonding company. The owner, a partner, an LLC member or a corporate officer must sign the bond. The legal name, business name and business location on the bond must match the wrecker application. The bond must expire on the last day of the month.

Supplemental locations, business name and/or address changes, ownership changes, or if you have any questions, please contact Business License Unit at (503) 945-5052.



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR BUSINESS CERTIFICATE

AS A WRECKER OF MOTOR VEHICLES OR
SALVAGE POOL OPERATOR

CERTIFICATE NUMBER

EXPIRATION DATE

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- SEE PAGE 4 FOR INSTRUCTIONS FOR COMPLETING A WRECKER APPLICATION.
- ANY ALTERATION OF LINE 3 VOIDS LOCATION APPROVAL.

FEE: \$150

☐ ORIGINAL ☒ RENEWAL

1	LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME)	OREGON REGISTRY NUMBER (IF LLC OR CORPORATION)	BUSINESS TELEPHONE
	Loop Hi-Way Towing	498115-81	(503) 663-3111
2	BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME)	OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME)	BUSINESS TELEPHONE
	Loop Hi-Way Towing	498115-81	(503) 663-3111
3	MAIN BUSINESS LOCATION (STREET AND NUMBER)	CITY	ZIP CODE
	28609 S.E. Orient Dr.	Gresham	97080
4	MAILING ADDRESS	CITY	STATE
	28609 S.E. Orient Dr.	Gresham	OR
			ZIP CODE
			97080

5 CHECK ORGANIZATION TYPE:

☐ Individual ☒ Partnership ☐ LLC ☐ Corporation: If corporation, list the state under whose law business is incorporated: _____

6 What wrecking activities do you intend to perform (as stated in ORS 822.100)?

Check the applicable box(es).

☒ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling and selling used vehicle components thereof.

☐ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling or substantially altering the form of motor vehicles.

☐ Sell at wholesale wrecked, dismantled, disassembled, or substantially altered vehicles.

☐ Wrecking, dismantling, disassembling, or substantially altering vehicles including crushing, compacting or shredding.

7 a) THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE 1 1/2 acres ft. x _____ ft.

b) ORS 822.115(4) requires applicants to file a **description of the location** of the wrecking yard. Accordingly, please file a plat map or other description of the location of the premises..

8 By signing this application you are also certifying that:

1. The right of way of any highway adjacent to the area proposed for approval to conduct the wrecking business is used for access to the premises and public parking;
2. You maintain a building or enclosure or other barrier at least six feet high for the purpose of conducting the wrecking business;
3. You will not store any vehicles or vehicle parts or conduct the wrecking business outside of the building, enclosure or barrier except as permitted by ORS 822.135(1) (i) (A) and (B);
4. The business is hidden and adequately screened by the terrain or other natural objects or by plants, fences or other appropriate means so as not to be visible from the main traveled way or the highway except as permitted by ORS 822.135(1) (k) (A), and (B), (C).

9 LOCAL GOVERNMENT APPROVAL (CITY / COUNTY)

By signing this application you are authorizing wrecker business as defined in Line 5 above, to be conducted at the location listed on Line 2 of this application. If wrecker business cannot be conducted here, or if any of the conditions below are not met, do not sign this approval.

I CERTIFY THAT THE GOVERNING BODY OF THE ☒ CITY ☒ COUNTY OF Multnomah County HAS:

- A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A WRECKING YARD OR BUSINESS (ORIGINAL APPLICATIONS ONLY).
- B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR LOCATION UNDER OREGON REVISED STATUTE 822.110(1).
- C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROHIBITION UNDER OREGON REVISED STATUTE 822.135.
- D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER OREGON REVISED STATUTE 822.140.

▼ PLACE STAMP OR SEAL HERE ▼

I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.

10	NAME	TITLE	PHONE NUMBER
	DIANE M. LINN	CHAIR	(503) 988-3308
11	SIGNATURE	DATE	
	<u>[Signature]</u>	DECEMBER 18, 2003	

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-2

Est. Start Time: 9:30 AM

Date Submitted: 11/24/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Business & Community Services

Division: Land Use & Transportation

Contact/s: Don Kienholz

Phone: 503-988-3043

Ext.: X29270

I/O Address: 455/116

Presenters: Consent Calendar

Agenda Title: Approval of Auto Wrecker License Renewal for Frank Miller of FRANK MILLER TRUCK WRECKING, 15015 NW Miller Road, Portland

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approval
2. **Please provide sufficient background information for the Board and the public to understand this issue.** See Staff Report
3. **Explain the fiscal impact (current year and ongoing).** N/A

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**

- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. **Explain any legal and/or policy issues.** Per MCC 15.200 et. seq., we request hearing date of December 18, 2003 in order to meet the annual expiration date.
5. **Explain any citizen and/or other government participation that has or will take place.** Sheriff's Office conducted background checks per MCC 15.200 et. seq. and Assessment and Taxation verified taxes have been paid in full as per MCC 15.200 et. seq.

Required Signatures:



Department/Agency Director:

Date: 11/24/03

Budget Analyst

By:

Date:

Dept/Countywide HR

By:

Date:



Department of Business and Community Services
MULTNOMAH COUNTY OREGON

Land Use and Transportation Program
1600 SE 190th Avenue
Portland, Oregon 97233-5910
(503) 988-3043

Staff Report
Determination of Compliance
2004 Wrecker's License Renewal
Frank Miller Truck Wrecking
15015 NW Mill Road

Case# T1-03-044

This Staff Report and Determination of Compliance is made pursuant to the requirements specified by Multnomah County Code Section 5.10.010 Wrecker certificate processing fees. An application for renewal of a Wrecker Certificate as required by the State of Oregon Department of Motor Vehicles was submitted by Frank Miller, 15015 NW Mill Road, Portland, OR 97231, on October 31, 2003.

I. Conditions of Approval:

1. The applicant shall obtain a Business Certificate as a wrecker of motor vehicles from the Oregon Department of Transportation. Applications for future wrecker's license renewals shall include a copy of the prior years wreckers certificate issued by the Oregon Department of Transportation.
2. If there are any changes to the property during the year prior to renewal of wrecker certification, applications for future wrecker's license renewals shall include submittal of a site plan, drawn to scale, showing the revisions. Expansion of the dimensions of the wrecking yard shall not occur without prior approval of the County.
3. Taxes shall be kept current prior to approval of future wrecker's license renewals.
4. Any application for a wreckers license or renewal must be reviewed by staff and presented to the Board of County Commissioners as required under MCC 15.200 et. seq.

II. Applicable Zoning Considerations:

The applicable zoning considerations as specified in MCC 15.202(B)(3) and (5) are addressed below:

A. Compliance with the requirements of ORS 822.110:

The Oregon Department of Transportation shall issue a wrecker certificate to any person if the person meets all of the following requirements:

- (1) The person must establish that the area approved under the wrecker certificate for use in a wrecking business meets one of the following:**
 - (a) The area is more than 1,100 feet from the nearest edge of the right of way of any state highway.**
 - (b) The business conducted within the area is hidden or adequately screened by the terrain or other natural objects or by plantings, fences or other natural objects or by plantings, fences or other appropriate means, so as not to be visible from the main traveled way of the highway, in accordance with rules adopted by the director.**
 - (c) The area and the business thereon are located in an area zoned for industrial use under authority of the laws of this state.**
- (2) The person must pay the fee required under ORS 822.700 for issuance of a wreckers certificate.**
- (3) The person must complete the application for a wrecker certificate described under ORS 822.115.**
- (4) The person must deliver to the department any approvals by local governments required under ORS 822.140.**
- (5) The person must deliver to the department a bond or letter of credit that meets the requirements of ORS 822.120.**

Finding: Photos taken of the site by Land Use Planning code enforcement staff on 11/21/03 indicate that both natural vegetation and a fence screen vehicles from adjacent roads, property and Highway 30 on the ridge to the South, consistent with ORS 822.110 (1)(b). Recent visual inspections by Land Use Planning Staff confirm the natural vegetation and fence still exist and screen the wrecking yard. However, due to the higher elevation of Highway 30 (St. Helens Highway), the screening does not hide the site from this main travel way entirely. This site has been determined to be a non-conforming use in operation continuously since 1975. Therefore, visibility from Highway 30 is not an issue for this finding because it is a non-conforming use established at a time when the property was zoned for industrial use. The applicant has provided a Surety Bond by Contractors Bonding and Insurance Company (CBIC) with a dated effectiveness of January 1, 2004 to December 31, 2004. Compliance with the requirements of ORS 822.110 (2)-(4) will be ensured by obtaining a Wreckers Certificate issued by the Oregon Department of Transportation.

B. Compliance with the business locational provisions of ORS 822.135:

(1) A person commits the offense of improperly conducting a wrecking business if the person holds a wrecker certificate issued under ORS 822.110 and the person does any of the following:

(b) Expands the dimensions of or moves any of the person's places of business or opens any additional places of business without obtaining a supplemental wrecker certificate by the procedure under ORS 822.125.

Finding: Staff has found no evidence or indication that the dimensions of the wrecking yard have been expanded beyond that of the existing Wreckers Certificate. The applicant has submitted a site plan clearly identifying the dimensional boundaries of the wrecking yard (fenced and/or screened areas) in relation to property lines and setbacks. A site visit on November 21, 2003 confirms the existing dimensions of the wrecking yard. Expansion of the dimensions of the wrecking yard shall not occur without prior approval of the County.

(g) Fails to keep the premises on the outside of the establishment clear and clean at all times.

Finding: The Land Use Planning Section conducted a field inspection on November 21, 2003 and took photos of the site indicating the area outside the establishment is clear and clean. There has been no indication since that time of the establishment not being kept clear and clean.

(h) Conducts any wrecking, dismantling or altering of vehicles outside the building, enclosure or barrier on the premises of the business.

Finding: Based on staffs' field inspection on November 21, 2003, no dismantling or altering of vehicles outside the fenced area of the business was evident. Furthermore, there has been no indication since then that the dismantling or altering of vehicles has taken place outside the premises of the business.

C. Compliance with zoning regulations:

The wrecking yard was determined to be a non-conforming use in the 12/16/91 "Report of Site Inspection" contained in the wrecking yard file on the subject property, a copy of which is kept in the Land Use Planning Office. The file contains a record of license renewal requests from 1986 forward. Examination of department land use inventory maps and zoning maps indicates that the business was in existence on the property in 1975, at which time the property was zoned M-1, which allowed the use. The property was re-zoned in 1997 to MUF-20, a

district which does not allow the use, therefore it became non-conforming at that time.

III. Notification:

Notice of this application was sent to the Multnomah County Sheriff on November 24, 2003. A recommendation of approval from the County Sheriff's Office was received on November 24, 2003 based upon a clean background check.

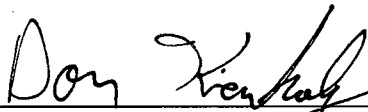
The 2003 Wrecker Renewal License was approved with a condition that "Taxes shall be kept current prior to approval of future wrecker's license renewals." No taxes are currently owed on the property according to a representative of the Multnomah County Assessment and Taxation in an email received on November 18, 2003.

IV. Recommendation:

The staff of the Land Use Planning Section respectfully recommends that the above license renewal be approved, based upon findings that the business satisfies the applicable requirements contained in MCC 15.200* and ORS 822.110, ORS 882.135 and continues to retain a non-conforming status.

Dated this 24th day of November 2003.

Multnomah County Department of Community and Sustainable Development
Land Use and Transportation Program

A handwritten signature in black ink, appearing to read "Don Kienholz", is written over a horizontal line.

By Don Kienholz, *Planner*
For: Karen Schilling, *Planning Director*



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR BUSINESS CERTIFICATE

AS WRECKER OF MOTOR VEHICLES OR
SALVAGE POOL OPERATOR

CERTIFICATE NUMBER

2426

EXPIRATION DATE

12-31-2003

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- SEE PAGE 4 FOR INSTRUCTIONS FOR COMPLETING A WRECKER APPLICATION.
- ANY ALTERATION OF LINE 3 VOIDS LOCATION APPROVAL.

FEE: \$150

☐ ORIGINAL ☒ RENEWAL

1	LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) <u>Frank Miller Truck Wrecking</u>	OREGON REGISTRY NUMBER (IF LLC OR CORPORATION)	BUSINESS TELEPHONE <u>(503) 283-1797</u>
2	BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME) <u>Frank Miller Truck Wrecking</u>	OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME)	BUSINESS TELEPHONE ()
3	MAIN BUSINESS LOCATION (STREET AND NUMBER) <u>15015 NW Mill Rd.</u>	CITY <u>Portland</u>	ZIP CODE <u>97231</u>
4	MAILING ADDRESS <u>15015 NW Mill Rd.</u>	CITY <u>Portland</u>	STATE <u>OR</u>
			ZIP CODE <u>97231</u>

5 CHECK ORGANIZATION TYPE: ☒ Individual ☐ Partnership ☐ LLC ☐ Corporation: If corporation, list the state under whose law business is incorporated: _____

6 What wrecking activities do you intend to perform (as stated in ORS 822.100)?
Check the applicable box(es).

☒ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling and selling used vehicle components thereof.

☐ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling or substantially altering the form of motor vehicles.

☐ Sell at wholesale wrecked, dismantled, disassembled, or substantially altered vehicles.

☐ Wrecking, dismantling, disassembling, or substantially altering vehicles including crushing, compacting or shredding.

7 a) THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE 196'04" ft. X 240'62" ft.

b) ORS 822.115(4) requires applicants to file a description of the location of the wrecking yard. Accordingly, please file a plat map or other description of the location of the premises..

8 By signing this application you are also certifying that:

- The right of way of any highway adjacent to the area proposed for approval to conduct the wrecking business is used for access to the premises and public parking;
- You maintain a building or enclosure or other barrier at least six feet high for the purpose of conducting the wrecking business;
- You will not store any vehicles or vehicle parts or conduct the wrecking business outside of the building, enclosure or barrier except as permitted by ORS 822.135(1) (i) (A) and (B);
- The business is hidden and adequately screened by the terrain or other natural objects or by plants, fences or other appropriate means so as not to be visible from the main traveled way or the highway except as permitted by ORS 822.135(1) (k) (A), and (B), (C).

9 LOCAL GOVERNMENT APPROVAL (CITY / COUNTY)

By signing this application you are authorizing wrecker business as defined in Line 5 above, to be conducted at the location listed on Line 2 of this application. If wrecker business cannot be conducted here, or if any of the conditions below are not met, do not sign this approval.

I CERTIFY THAT THE GOVERNING BODY OF THE ☐ CITY ☐ COUNTY OF _____ HAS:

- APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A WRECKING YARD OR BUSINESS (ORIGINAL APPLICATIONS ONLY).
- DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR LOCATION UNDER OREGON REVISED STATUTE 822.110(1).
- DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROHIBITION UNDER OREGON REVISED STATUTE 822.135.
- APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER OREGON REVISED STATUTE 822.140.

I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.

▼ PLACE STAMP OR SEAL HERE ▼

10	NAME	TITLE	PHONE NUMBER ()
11	SIGNATURE <u>X</u>	DATE	

Complete the section(s) below and sign.

(Be sure to attach a separate sheet to show additional owners.)

- List the primary owner, partners, LLC members or corporate officers below.
- If a member of a limited liability company (LLC) is a corporation, the president must provide information below.
- If a partner of a partnership is a corporation, the president must provide information below.
- If corporation or LLC, then Oregon registered agent name and address required below.

12	OREGON REGISTERED AGENT NAME		TELEPHONE NUMBER ()	
13	OREGON REGISTERED AGENT STREET ADDRESS		CITY	STATE ZIP CODE
14	OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE

OWNERSHIP INFORMATION

15	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER Frank Miller		TITLE owner	RESIDENCE TELEPHONE NUMBER (503) 429-0273	
16	DATE OF BIRTH 5-21-43	DRIVER LICENSE NUMBER 1083707		STATE OF ISSUANCE Oregon	
17	RESIDENCE ADDRESS 59101 Albino Creek Rd.		CITY Vernon	STATE OR	ZIP CODE 97064
18	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

19	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 15 ABOVE X	DATE 11-18-03
----	--	-------------------------

20	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER		TITLE	RESIDENCE TELEPHONE NUMBER ()	
21	DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	
22	RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
23	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

24	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 20 ABOVE X	DATE
----	--	------

25	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER		TITLE	RESIDENCE TELEPHONE NUMBER ()	
26	DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	
27	RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
28	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

29	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 25 ABOVE X	DATE
----	--	------

30 Please attach (staple) copies of ALL owners, partners, LLC members or corporate officers official photo ID's (driver license or state issued identification card ONLY). If the residence address on the photo ID is different than the residence address listed on Page 2, submit a statement explaining why the addresses do not match.

Copy must be legible.

False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$1,000 or both. In addition, DMV sanctions against you or your wrecker certificate may be imposed. With this in mind... I certify that I am the owner, a partner, an LLC member, or a corporate officer of this business and that all information on this application is accurate and true. I certify that the right of way of any highway adjacent to the location listed above is used for access to the premises and public parking.

SURETY BOND

▼ BOND NUMBER ▼

NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

LET IT BE KNOWN:

THAT _____
(OWNER, PARTNERS, LLC OR CORPORATION NAME)

DOING BUSINESS AS _____
(ASSUMED BUSINESS NAME, IF ANY)

HAVING PRINCIPAL PLACE OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

_____ (ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND _____
(SURETY NAME)

_____ () _____
(ADDRESS, CITY, STATE, ZIP CODE) TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF _____, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$2,000 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGN, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

A CONDITION OF THIS OBLIGATION IS SUCH THAT, WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS WRECKING, DISMANTLING AND SUBSTANTIALLY ALTERING THE FORM OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.120(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 743.755.

THIS BOND IS EFFECTIVE _____ AND EXPIRES _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR) (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH.)

-- ANY ALTERATION VOIDS THIS BOND --

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED

THIS _____ DAY OF _____, _____
(DAY) (MONTH) (YEAR)

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

TITLE

X

SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)

TITLE

X

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:

PLACE SURETY SEAL BELOW

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME

TELEPHONE NUMBER

ADDRESS

CITY, STATE, ZIP CODE

APPROVED BY ATTORNEY GENERAL'S OFFICE



INSTRUCTIONS FOR COMPLETING A WRECKER APPLICATION FOR A WRECKER CERTIFICATE (Originals and Renewals)

OFFICE HOURS for Business License Unit, in the Salem DMV Headquarters office,
in person are 8:00 – 4:30 p.m., Monday through Friday excluding holidays.

Read all parts of the application before completing it. Your application will be returned to you if any part is incomplete or missing.

Submit your completed application and fees to:

DMV Business License Unit
1905 Lana Ave NE
SALEM OR 97314
Phone: 503-945-5052
Website: www.oregondmv.com

When submitting your application and fees at the customer service counter:

- If paying in cash, please have correct amount since Business License Unit has no way to make change.
- Make copies of your application beforehand for your records and copies of photo ID before you come to the counter.

Legal Name – If your business is a sole proprietorship, list your full name as the legal name. If your business is a partnership, list the full names of each partner or the partnership name. If your business is an LLC, list the name of the limited liability company (includes "LLC") registered with Business Registry. If your business is a corporation, list the name of the corporation (includes: Inc, Corp, etc.) registered with Business Registry.

Business Name – If using an assumed business name or trade name, list the business name registered with Business Registry. Otherwise, your wrecker certificate will be issued using the legal name.

Oregon Registry Numbers – If you do not know your Oregon registry number(s), contact Business Registry at 503-945-2200.

Main Business Location – Business location where wrecking business is (or will be) being conducted.

Type of Organization – Check your organization type and if a corporation, list the state under whose law the business is incorporated.

Wrecking Activities – Complete the section that asks about the wrecking activities you intend to perform as stated in ORS 822.100. Check the applicable box(es).

Description of the location of the wrecking yard – To verify compliance with ORS 822.115(4), ORS 822.115(5), and 822.135(1)(f),(h),(i) and (k), submit a plat map or other acceptable documentation which clearly shows compliance with all of these requirements. The dimensions of the property on which the business is located is also required.

Local Government Approval – An applicant must comply with any regulations established by a city or county under ORS 822.140 and must obtain the approval of the governing body of the city or county. Take your wrecker application to the local city or county office to obtain their approval. Look in the phone book to find the address for your local office. The listing may be under "zoning," "land use" or "permits." Some cities and counties charge a fee for signing the application.

Registered Agent – If your business is an LLC or a corporation, the registered agent's name, street address and mailing address is required

Ownership/Applicant's Certification Signature – Provide name, residence address, mailing address and signature of owner, partners, LLC members or corporate officers on Page 3 (do not list CEOs, Chairs of the Board, General Managers, Directors, et al). Every applicant listed on the application must provide a certifying signature

Photo ID – Attach (staple) copies of each applicant's official photo ID. The copy must be legible. If the residence address on the photo ID and on Page 2 are not the same, attach a statement explaining why they do not match.

Bond – The bond required for a wrecker certificate is for \$2,000 and must be completed, signed and sealed by your bonding company. The owner, a partner, an LLC member or a corporate officer must sign the bond. The legal name, business name and business location on the bond must match the wrecker application. The bond must expire on the last day of the month.

Supplemental locations, business name and/or address changes, ownership changes, or if you have any questions, please contact Business License Unit at (503) 945-5052.



Multnomah County
Land Use & Transportation Program
1600 SE 190th Avenue Portland Oregon 97233
Ph. 503.988.3043 Fax 503.988.3389
www.co.multnomah.or.us/dbcs/LUT/land use

General Application Form

PROPERTY IDENTIFICATION

Property Address 15015 NW Mill Rd.
Tax Roll Description TL 800 T. 2N, R1W Sec 28

A&T Alternate Account Number R# 97128-0710
Map Tax Lot 2N1W28B 800 Site Size 0.97

OTHER PARCEL (if applicable)

Property Address _____
Tax Roll Description _____

A&T Alternate Account Number R# _____
Map Tax Lot _____ Site Size _____

PROPERTY OWNER(S) ☐ OR CONTRACT PURCHASER(S) ☐

Name Frank & Karen Miller
Street Address 15015 NW Mill Rd
City Portland, OR State OR Zip Code 97231

I authorize the applicant below to make this application.

If multiple property owners are party to the application, an additional application form shall be signed by each property owner.

see wrecker applic
Property Owner's Signature

If no owner signature above, a letter of authorization from the owner is required. ☐

NOTE: By signing this form, the property owner or property owner's agent is granting permission for Planning Staff to conduct site inspections on the property.

APPLICANT'S NAME AND SIGNATURE

Applicant's Name Frank Miller
Mailing Address 15015 NW Mill Rd
City Portland State OR Zip Code 97231 Phone # (503) 283-1797
Fax _____ e-mail _____

see wrecker applic
Applicant's Signature

GENERAL DESCRIPTION OF APPLICATION (REQUIRED)

Please provide a brief description of your project.

wrecker renewal

For Staff Use

CASE NUMBER

T1-03-044
File Number

LAND USE PERMIT(S)

wrecker renewal

10/31/03

Date Submitted

PF/PA No.

Related Case No.

Related Case No.

Related Case No.

Case Planner

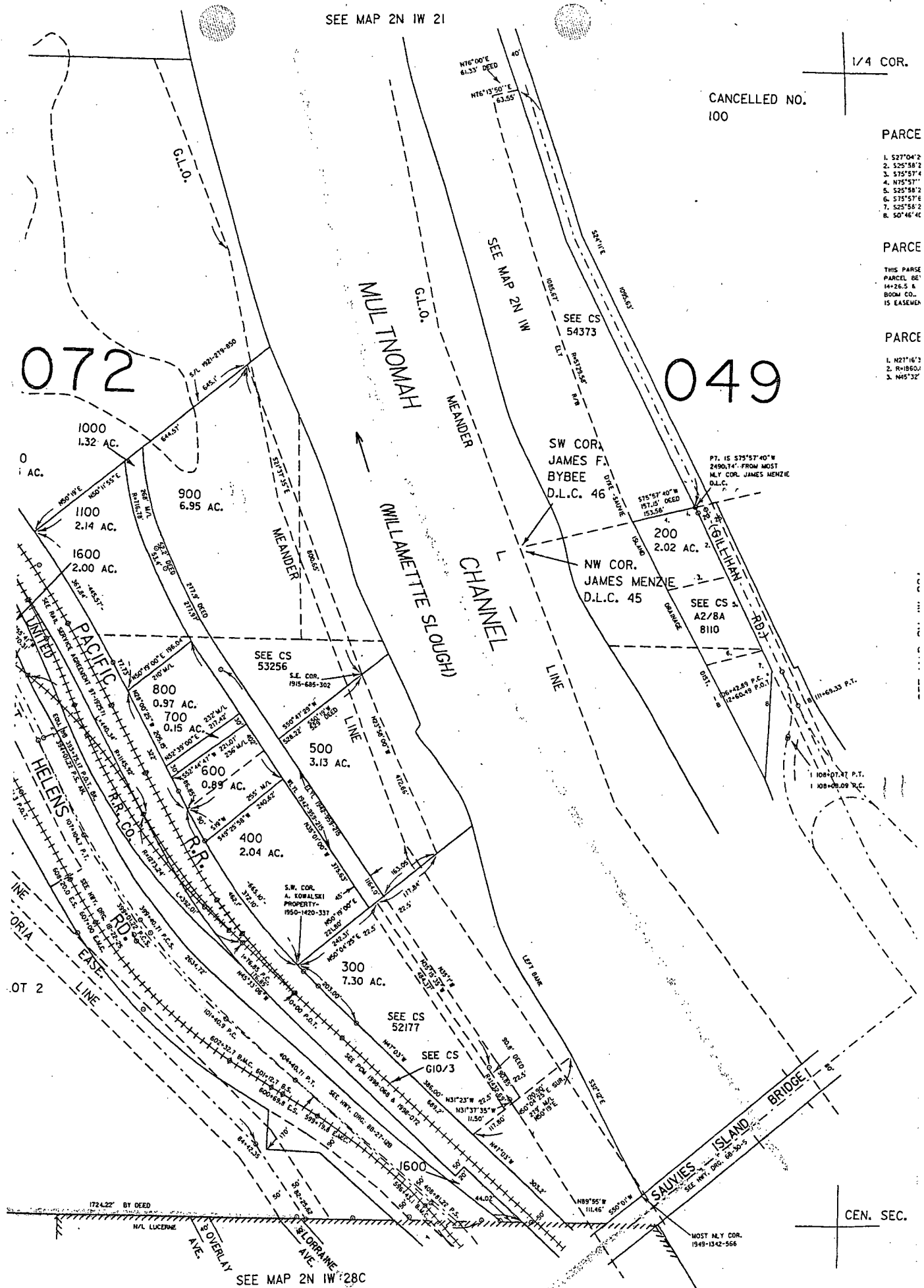
ZONING
INFORMATION

MVA-20
Zoning District

WRG
Zoning Overlay.

8/25/2003

1. N27°16'3
2. R=1860.1
3. N45°32'




**MULTNOMAH COUNTY, OREGON
PROPERTY RECORDS**
PROPERTY INFORMATION
[Property
Information](#)
[Tax
Summary](#)
[Assessment
History](#)
[Improvement
Information](#)
[New
Search](#)
[Search
Results](#)
[Printable
Summary](#)
[Logoff](#)
Search Results for R497953
Owner Name

 MILLER, FRANK P &
MILLER, KAREN A

Property ID Number

R497953

Owner Address

 15015 NW MILL RD
PORTLAND, OR 97231-2310

Situs Address

 15015 NW MILL RD
PORTLAND, OR 97231

Alternate Account Number

R971280710

Neighborhood

C600

Map Tax Lot

2N1W28B -00800

Levy Code Area - Taxing Districts

072

Property Description
Deed

BSD (BARGAIN & SALE DEED)

Instrument

2002223295

Year

2002

ACVR

17782384

1984

ACVR

15520875

1981

DENT

14520358

1980

WD

19451347

1986

CONT

19320582

1986

CONT

14550567

1980

Exemption
Expiration Date
Tax Roll Description

SECTION 28 2N 1W; TL 800 0.97 ACRES

Map Number

2N1W28B -00800

Parcel
Account Status

A - Active

Use Code

REAL ESTATE

Year Built
Acreage

0.97

Split/Sub Account

R325253

Split/sub Account Message:

07/24/2000 - MERGE

Special Account Information
2004 Land Information (Unedited and Uncertified)

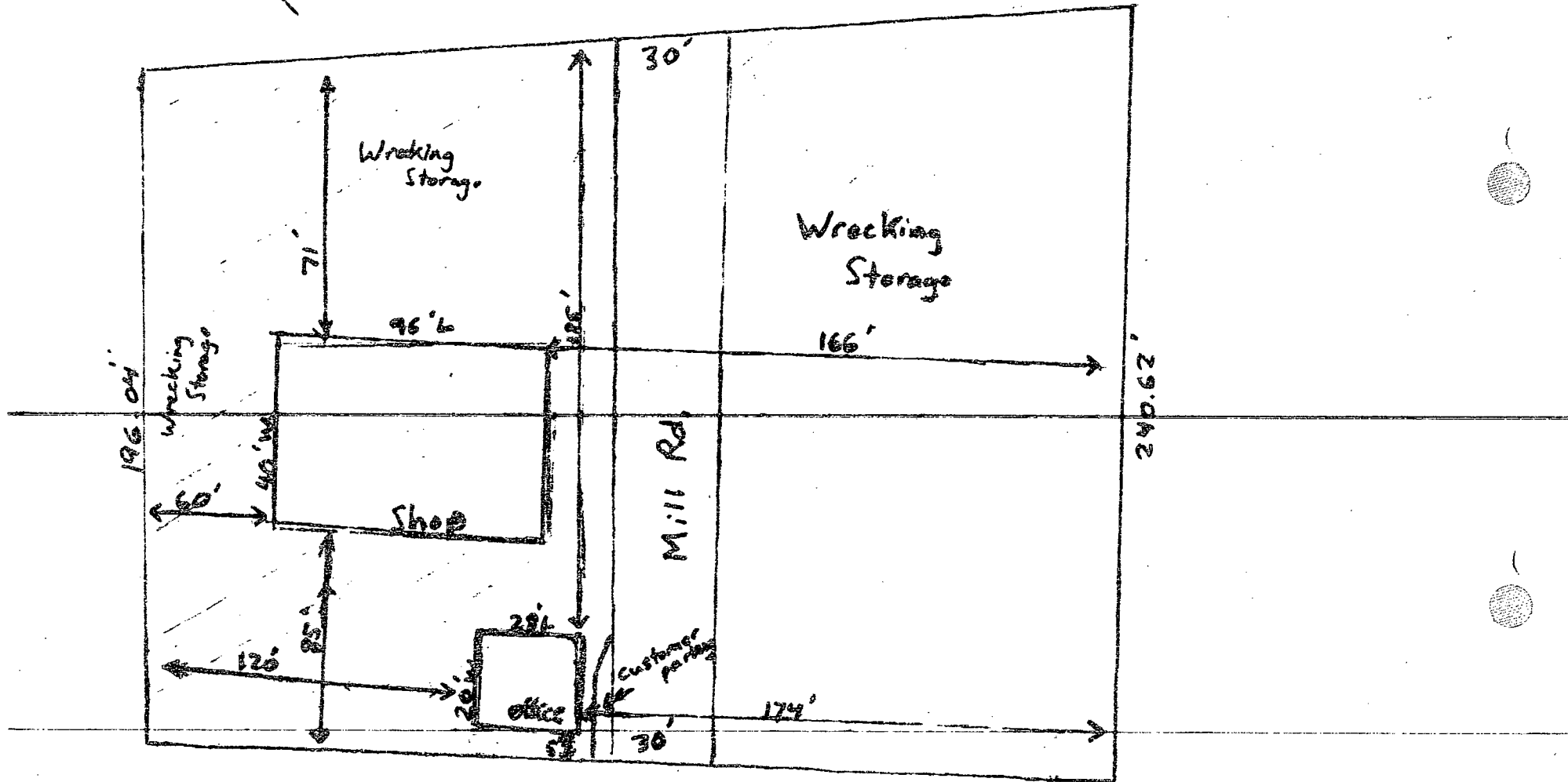
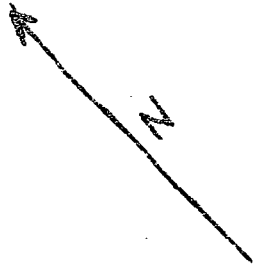
ID	Type	Acres	Sq Ft	Market Value
L1	MISC - MISCELLANEOUS LAND	0.97	42416	\$57,940

INFORMATION SUBJECT TO DISCLAIMER - SEE [HOME PAGE](#)



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Frank Miller
Site Plan
15015 NW Mill Rd
Portland OR 97231



WRECKER CERTIFICATE

WR2426

EFFECTIVE: JANUARY 2, 2003

EXPIRES: DECEMBER 31, 2003

Issued To:

FRANK MILLER

DBA: FRANK MILLER TRUCK WRECKING

15015 NW MILL RD

PORTLAND OR 97231

This business is authorized to engage in buying, selling, or dealing in vehicles for the purpose of wrecking in the state of Oregon under the provisions of ORS 822.110. and to exercise privileges granted by certificate under the provisions of ORS 822.125.

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.

*Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314*

*** ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE ***

E SLOWLY

5
0
W
W
S

35-007-202
95-007-202

001

50

LINE

500 3.13 AC.

250

004

35


S.W. COR.
 A. HOWARD ST.
 PROPERTY -
 1950-1420-33

Owner: Frank & Karen Miller
15015 NW Hill Rd.
Portland, OR 97231
note account # 12802

Alternate account #
R971280230
Signature

note accounts
2971280230
signature

(NO 50)



202



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
503 251-2434 TTY
www.sheriff-mcso.org

FAX REQUEST/RECEIPT AND TRANSMITTAL SHEET

DATE 11/24/03 1100 HOURS

TO: DON Kienholz

FAX NUMBER ADDRESSED TO: (503) 988-3389

FROM: Kathy Allen

SENDING FAX NUMBER: 251-2436

ATTENTION AND/OR SPECIAL INSTRUCTIONS:

ALL APPROVED

NUMBER OF PAGES INCLUDING TRANSMITTAL SHEET: 3

CONFIDENTIALITY STATEMENT

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the addressee listed on the cover sheet. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone at the number listed below.

Thank you.

CONTACT NUMBER: (503) 251-2423



Multnomah County Sheriff's Office

12240 N.E. GLISAN ST., PORTLAND, OREGON 97230

NOV - 5 PM 7:52 DAN NOELLE
SHERIFF
COUNTY
RECEIVED
(503) 255-3600
TTY (503) 251-2484

Permission is given for Multnomah County Sheriff's Office to conduct a criminal background investigation in accordance with County Ordinance 723. This permission is given in connection with the operation of a wrecking yard in Multnomah County.

Name of Owner/Manager: Miller Frank Patrick
Home Address: 59101 ^{Last} Rebba ^{First} Creek ^{Middle} Bel ^{Other} Vernonia, OR 97064

DOB: [REDACTED]

Signature: [Signature]

1. Full Name: _____

Address: _____

DOB / / SS# _____ Sex _____ Race _____ Driver's Lic.# _____ St. _____

Signature: _____

2. Full Name: _____

Address: _____

DOB / / SS# _____ Sex _____ Race _____ Driver's Lic.# _____ St. _____

Signature: _____

3. Full Name: _____

Address: _____

DOB / / SS# _____ Sex _____ Race _____ Driver's Lic.# _____ St. _____

Signature: _____

FOR OFFICIAL USE ONLY

approve ☒ disapprove ☐ date

Sheriff's Office Recommendation: X 11-24-03

Comments:

KIENHOLZ Don D

From: ARMSTRACHAN Lauren E
Sent: Tuesday, November 18, 2003 9:56 AM
To: KIENHOLZ Don D
Subject: RE: Wrecker renewal time again

THEY PAID THEIR TAXES IN FULL ON 10/27/03

-----Original Message-----

From: KIENHOLZ Don D
Sent: Tuesday, November 18, 2003 9:53 AM
To: ARMSTRACHAN Lauren E
Subject: Wrecker renewal time again

Hi Lauren,

We've started to receive our annual applications for the Wrecking yards in the unincorporated county and need to know if they are up to date on their taxes. Could you tell me if these folks are up to date on the taxes? I'd appreciate it. Thanks!

Here are the R#'s and addresses:

Frank Miller
Frank Miller Truck Wrecking
15015 NW Mill Road
R#971280710

Thanks,
Don Kienholz
Planner
Multnomah County Planning



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR BUSINESS CERTIFICATE

AS WRECKER OF MOTOR VEHICLES OR
SALVAGE POOL OPERATOR

CERTIFICATE NUMBER

2426

EXPIRATION DATE

12-31-2003

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- SEE PAGE 4 FOR INSTRUCTIONS FOR COMPLETING A WRECKER APPLICATION.
- ANY ALTERATION OF LINE 3 VOIDS LOCATION APPROVAL.

FEE: \$150

☐ ORIGINAL ☒ RENEWAL

LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) OREGON REGISTRY NUMBER (IF LLC OR CORPORATION) BUSINESS TELEPHONE

1 Frank Miller Truck Wrecking (503) 283-1797

BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME) OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME) BUSINESS TELEPHONE

2 ()

MAIN BUSINESS LOCATION (STREET AND NUMBER) CITY ZIP CODE COUNTY

3 15015 NW Mill Rd. Portland 97231 Multnomah

MAILING ADDRESS CITY STATE ZIP CODE

4 15015 NW Mill Rd. Portland OR 97231

CHECK ORGANIZATION TYPE:

5 ☒ Individual ☐ Partnership ☐ LLC ☐ Corporation: If corporation, list the state under whose law business is incorporated:

6 What wrecking activities do you intend to perform (as stated in ORS 822.100)?

Check the applicable box(es).

- ☒ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling and selling used vehicle components thereof.
- ☐ Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling or substantially altering the form of motor vehicles.
- ☐ Sell at wholesale wrecked, dismantled, disassembled, or substantially altered vehicles.
- ☐ Wrecking, dismantling, disassembling, or substantially altering vehicles including crushing, compacting or shredding.

- 7 a) THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE 196'04" ft. X 240'62" ft.
b) ORS 822.115(4) requires applicants to file a description of the location of the wrecking yard. Accordingly, please file a plat map or other description of the location of the premises..

8 By signing this application you are also certifying that:

1. The right of way of any highway adjacent to the area proposed for approval to conduct the wrecking business is used for access to the premises and public parking;
2. You maintain a building or enclosure or other barrier at least six feet high for the purpose of conducting the wrecking business;
3. You will not store any vehicles or vehicle parts or conduct the wrecking business outside of the building, enclosure or barrier except as permitted by ORS 822.135(1) (i) (A) and (B);
4. The business is hidden and adequately screened by the terrain or other natural objects or by plants, fences or other appropriate means so as not to be visible from the main traveled way or the highway except as permitted by ORS 822.135(1) (k) (A), and (B), (C).

9 LOCAL GOVERNMENT APPROVAL (CITY / COUNTY)

By signing this application you are authorizing wrecker business as defined in Line 5 above, to be conducted at the location listed on Line 2 of this application. If wrecker business cannot be conducted here, or if any of the conditions below are not met, do not sign this approval.

I CERTIFY THAT THE GOVERNING BODY OF THE ☒ CITY ☒ COUNTY OF Multnomah County HAS:

- A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A WRECKING YARD OR BUSINESS (ORIGINAL APPLICATIONS ONLY).
- B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR LOCATION UNDER OREGON REVISED STATUTE 822.110(1).
- C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROHIBITION UNDER OREGON REVISED STATUTE 822.135.
- D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER OREGON REVISED STATUTE 822.140.

▼ PLACE STAMP OR SEAL HERE ▼

I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.

NAME TITLE PHONE NUMBER

10 DIANE M. LINN CHAIR (503) 988-3308

SIGNATURE DATE

11 X [Signature] DECEMBER 18, 2003

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-3

Est. Start Time: 9:30 AM

Date Submitted: 12/08/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: DCHS

Division: Behavioral Health

Contact/s: Jean Dentinger

Phone: 503 988-5464

Ext.: 27297

I/O Address: 166/5

Presenters: Consent Calendar

Agenda Title: ORDER Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

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

1. What action are you requesting from the Board? What is the department/agency recommendation?

Requesting approval of designees. The Department of Behavioral Health is recommending approval of the designees in accordance with ORS.426.215.

2. Please provide sufficient background information for the Board and the public to understand this issue.

Outpatient mental health agencies depend upon certain staff having the ability to assess clients for a Director designee Custody. This certification allows the designee to direct the police officer to take into custody any individual with mental health issues who is judged dangerous to self or others. Police then transport the individual to a treatment center. As agencies experience staffing turnovers, new staff needs to be trained and authorized.

3. Explain the fiscal impact (current year and ongoing).

None.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

4. Explain any legal and/or policy issues involved.

In accordance with ORS 426.215.

5. Explain any citizen and/or other government participation that has or will take place.

None.

Required Signatures:



Department/Agency Director: _____ Date: 12-08-2003

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDER NO. _____

Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

The Multnomah County Board of Commissioners Finds:

- a) If authorized by a county governing body, a designee of a mental health program director may direct a peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody, and treatment of mental illness.
- b) There is a current need for specified designees of the Multnomah County Mental Health Program Director to have the authority to direct a peace officer to take an allegedly mentally ill person into custody.
- c) All the designees listed below have been specifically recommended by the Mental Health Program Director and meet the standards established by the Mental Health Division.

The Multnomah County Board of Commissioners Orders:

1. The individuals listed below are authorized as designees of the Mental Health Program Director for Multnomah County to direct any peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody or treatment for mental illness.
2. Added to the list of designees are:

Kelly Reed
Franny Thompson
Nicole Gulick
Laurel Oziel

ADOPTED this 18th day of December, 2003.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By Patrick W. Henry
Patrick Henry, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDER NO. 03-166

Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

The Multnomah County Board of Commissioners Finds:

- a) If authorized by a county governing body, a designee of a mental health program director may direct a peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody, and treatment of mental illness.
- b) There is a current need for specified designees of the Multnomah County Mental Health Program Director to have the authority to direct a peace officer to take an allegedly mentally ill person into custody.
- c) All the designees listed below have been specifically recommended by the Mental Health Program Director and meet the standards established by the Mental Health Division.

The Multnomah County Board of Commissioners Orders:

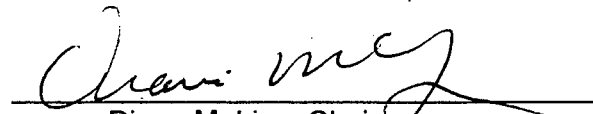
1. The individuals listed below are authorized as designees of the Mental Health Program Director for Multnomah County to direct any peace officer to take into custody a person whom the designee has probable cause to believe is dangerous to self or others and whom the designee has probable cause to believe is in need of immediate care, custody or treatment for mental illness.
2. Added to the list of designees are:

Kelly Reed
Franny Thompson
Nicole Gulick
Laurel Oziel

ADOPTED this 18th day of December, 2003.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Diane M. Linn, Chair

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Patrick Henry, Assistant County Attorney

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-4

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: On and Off Premises Sales Liquor License Renewal for Big Bear's Crown Point Market, 31815 E. Columbia River Hwy, Troutdale, OR

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 31815 E. Columbia River Hwy, Troutdale, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

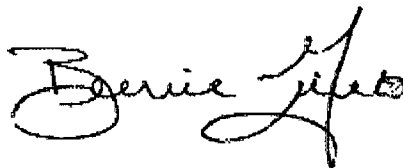
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Big Bear's Crown Point Market
31815 E Columbia River Hwy
Troutdale, OR 97060

Subject: Liquor License Applicant
On and Off Premises Sales

Owner: Phillip J. DuFresne
11-28-44
1550 NE Brower Road
Corbett, OR 97060

Judy K. DuFresne
09-19-45
1550 NE Brower Road
Corbett, OR 97060

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 31815 E Columbia River Hwy is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



Dan Noelle
Sheriff

MULTNOMAH COUNTY

Sheriff's Office

12240 NE Glisan
Portland, OR 97230
(503) 255-3600 phone
(503) 251-2484 TTY
www.sheriff-mcso.org

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE On-call Premise
BUSINESS NAME Big Bear's Crown & Market
BUSINESS ADDRESS 31815 E Columbia River Hwy
CORPORATE NAME (IF APPLICABLE) Trousdale OR 97068
CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Phillip DuYresne</u>	<u>11-28-44</u>	<u>543-48-9303</u>
2. <u>Judy DuYresne</u>	<u>9-19-45</u>	<u>543-54-1943</u>
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓
FAVORABLE WITH CONCERNS _____
UNFAVORABLE _____

DATE COMPLETED 11/30/03

INVESTIGATORS SIGNATURE

J. Smith DPSST # 15408 DATE 11/30/03

Exemplary service for a safe, livable community.

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

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 December 31, 2003.

License Type: LIMITED ON-PREMISES SALES	District: 1	License: 38620	Premises: 236	Code: 226
--	--------------------	-----------------------	----------------------	------------------

BIG BEARS CROWN POINT MKT INC
31815 E COLUMBIA RIVER HWY
TROUTDALE OR 97060

Licensee(s)

BIG BEARS CROWN POINT MKT INC

Server Education Designee(s)
DUFRESNE, PHILLIP J 10/25/2004

Tradename

BIG BEAR CROWN POINT MARKET
31815 E COLUMBIA RIVER HWY
TROUTDALE OR 97060

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 due before December 11, 2003 to avoid late fees.

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 _____										
(2) Please list a daytime phone number.	Phone Number: <u>503-695-2255</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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 20%;">Offense</th> <th style="width: 20%;">Date</th> <th style="width: 20%;">City/State</th> <th style="width: 20%;">Result</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center; height: 50px;">None</td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result	None				
Name	Offense	Date	City/State	Result							
None											
(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>OHIO Casualty Group</u> Policy # <u>BKO 53-09-39-72</u> Insurance Agent's Phone # <u>503-699-1717</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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES ☞ EXPLAIN:										

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 received by 12/11/2003 please pay this amount.		\$202.60
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.		\$252.60
If completed renewal application is received after 12/31/2003 please pay this amount.		\$282.60

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<input type="checkbox"/> NO <input 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 each 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	Date	Signature	SSN Authorization
Phillip J. Dufresne	543-48-9322	11/26/44	10/27	<i>[Signature]</i>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Judy K. Dufresne	543-54/1923	11/2/45	10/27	<i>[Signature]</i>	<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

BIG BEARS CROWN POINT MARKET & DELI
 31815 E. HISTORICAL COLUMBIA RIVER HIGHWAY
 TROUTDALE, OR 97060
 (503) 695-2255

1118

Pay to the
order of

Date 10/27/03 24-7038/3230 OR
2382

Bank of America

122nd & Stark 2382
Oregon

For

limited-on-premise Phil & Judy
 ⑆323070380⑆1118⑈23823⑈18278⑈

\$ 35.00

Dollars

Security features
are included.
Details on back.

Dollar Amount (\$)

\$202.60

\$252.60

\$282.60

this amount.

Local Government- Send Payment to local government listed below.

Local government **Susan Lambert-Gates, Deputy** located at 12240 NE Glisan
; **Portland, OR 97230** requires a \$35.00 processing fee. Have you paid this
processing fee?

☐ NO ☐ 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 each 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	Date	Signature	SSN Authorization
Phillip J. Dufresne	543-48-9203	11/28/44	10/27	<i>Phillip J. Dufresne</i>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Judy K. Dufresne	543-48/1923	11/22/45	10/27	<i>Judy K. Dufresne</i>	<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

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Monday, November 03, 2003 10:26 AM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Monday, November 03, 2003 9:21 AM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal license.
Could you please inform our office if the business is in compliance with
Assessment and Taxation.

Big Bears Crown Point Market and Deli
31815 E Historical Col Hiway
Troutdale, OR 97060

Thanks

Lana

Big Bear

OK'd for on & off
premise
\$35 x 2

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Monday, November 03, 2003 10:19 AM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Big Bears Crown Pt Market and Deli
31815 E Historical Col River Hiway
Troutdale, OR 97060

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-5

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Full On Premises Sales Liquor License Renewal for Bottoms Up Tavern, 16900 NW St. Helens Rd., Portland, OR 97231

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

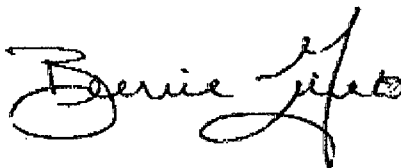
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

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

Subject: Liquor License Applicant
Full On Premises Sales

Owner: Glen Anderson
03-23-67
16900 NW St. Helens Road
Portland, OR 97231

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

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



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

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE On Premises

BUSINESS NAME Bottoms Up

BUSINESS ADDRESS 16900 NW St Helens Rd Portland

CORPORATE NAME (IF APPLICABLE) CLR Inc

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME

DOB

SSN

1. Anderson, Glen 3/23/67 538-64-3180

2. _____

3. _____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 11/27/03

INVESTIGATORS SIGNATURE

J Smith

DPSST # 15408 DATE 11/27/03

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

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 December 31, 2003.

License Type: FULL ON-PREMISES SALES	District: 1	License: 37696	Premises: 2213	Code: 225
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CGR INC
16900 NW ST HELENS RD
PORTLAND OR 97231

Licensee(s)

CGR INC

Server Education Designee(s)
ANDERSON, GLEN 10/22/2006

Tradename

BOTTOMS UP TAVERN
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 due before December 11, 2003 to avoid late fees.

Operational Questions:	Responses:										
(1) Is there a change in your Server Education Designee? If yes, please list their name and date of birth.	Name <u>N/A</u> DOB _____										
(2) Please list a daytime phone number.	Phone Number: <u>503-621-9844</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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%;"><thead><tr><th>Name</th><th>Offense</th><th>Date</th><th>City/State</th><th>Result</th></tr></thead><tbody><tr><td colspan="5" style="text-align: center;">N/A</td></tr></tbody></table>	Name	Offense	Date	City/State	Result	N/A				
Name	Offense	Date	City/State	Result							
N/A											
(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>SCHAEFERMANN INS.</u> Policy # <u>C512585R136</u> Insurance Agent's Phone # <u>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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										

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 received by 12/11/2003 please pay this amount.	\$402.60
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$502.60
If completed renewal application is received after 12/31/2003 please pay this amount.	\$562.60

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

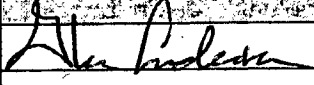
Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will 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 each 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	Date	Signature	SSN Authorization
GLEN ANDERSON	538643180	3-23-67	10/29		<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

**BOTTOMS UP TAVERN**16900 ST. HELENS RD.
PORTLAND, OR 97231
503-621-9844

9264

24-22/1230 3266

DATE 11.5.03PAY
TO THE
ORDER OFSusan Lambert - Lister\$ 35.00Thirty-Five Dollars 00/100

DOLLARS

Security
Features
Details on
Back.

usbank.com

FOR

SL Lister

MP

⑈0000009264⑈ ⑆123000220⑆ 153607265508⑈

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 due before December 11, 2003 to avoid late fees.

Operational Questions:	Responses:										
(1) Is there a change in your Server Education Designee? If yes, please list their name and date of birth.	Name <u>N/A</u> DOB _____										
(2) Please list a daytime phone number.	Phone Number: <u>503-621-9844</u>										
(3) Please list all arrests or convictions for any crime, violation, or infraction of any law during the last 18 months even if they are <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1"> <thead> <tr> <th>Name</th> <th>Offense</th> <th>Date</th> <th>City/State</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;"><u>N/A</u></td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result	<u>N/A</u>				
Name	Offense	Date	City/State	Result							
<u>N/A</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>SCHAUERMAN INS.</u> Policy # <u>6512585R136</u> Insurance Agent's Phone # <u>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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:										

**Please proceed to back side.**

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Monday, November 10, 2003 11:06 AM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Monday, November 10, 2003 10:56 AM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal.
Could
you please inform our office if the business is in compliance with
Assessment
and Taxation.

Bottoms Up
16900 NW St. Helens Rd
Portland, OR

Thanks

Lana

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Friday, November 14, 2003 2:08 PM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Bottoms Up
16900 NW St. Helens Rd
Portland, OR

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-6

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Corbett Country Market, 36801 E. Historic Columbia River Highway, Corbett, OR 97019

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 26801 East Historic Columbia River Highway, Corbett 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

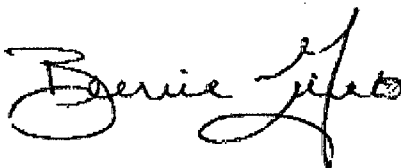
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Corbett Country Market
36801 E Hist Columbia River Hwy
Corbett, OR 97019

Subject: Liquor License Applicant
Off Premises Sales

Owner: Susan Larsen-Leigh
Dob: 03-19-53
1805 NE Brower Road
Corbett, OR 97019

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 36801 E Historical Columbia River Highway is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in black ink that reads "Bernie Giusto". The signature is stylized with a large, looping "B" and a long, sweeping underline.

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

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BERNIE GIUSTO
SHERIFF

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

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE off Premise
BUSINESS NAME Carlett Country Market
BUSINESS ADDRESS 36801 E West Elm St Portland, OR 97019
CORPORATE NAME (IF APPLICABLE) _____
CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Larsen Leigh, Susan</u>	<u>3-19-53</u>	<u>540-68-2601</u>
2. _____	_____	_____
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓
FAVORABLE WITH CONCERNS _____
UNFAVORABLE _____

DATE COMPLETED 4/27/03

INVESTIGATORS SIGNATURE

J. Smith

DPSST # 10406 DATE 4/27/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES	District: 1	License: 37927	Premises: 351	Code: 227
---	--------------------	-----------------------	----------------------	------------------

LARSEN LEIGH ENTERPRISES INC
PO BOX 374
CORBETT OR 97019

Licensee(s)

LARSEN LEIGH ENTERPRISES INC

Tradename

CORBETT COUNTRY MARKET
36801 E HIST CLMBA RVR HWY
CORBETT OR 97019

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 due before December 11, 2003 to avoid late fees.

<u>Operational Questions:</u>	<u>Responses:</u>										
(1) Please list a daytime phone number.	Phone Number: 503 695 2234										
(2) 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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 15%;">Offense</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">City/State</th> <th style="width: 40%;">Result</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center; height: 50px;">none</td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result	none				
Name	Offense	Date	City/State	Result							
none											
(3) 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:										
(4) 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 type="checkbox"/> NO <input checked="" type="checkbox"/> YES • EXPLAIN: divorce - corporation is now only owned by Larsen Leigh										
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES • EXPLAIN:										
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES										



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 received by 12/11/2003 please pay this amount.	\$100.00
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$125.00
If completed renewal application is received after 12/31/2003 please pay this amount.	\$140.00

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<input type="checkbox"/> NO <input 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 each 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	Date	Signature	SSN Authorization
ANDREW D LORSENLEIGH	540 68269	3.19.53	1/12/03	ANDREW D LORSENLEIGH	<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

15827

LARSEN LEIGH ENTERPRISES, INC.
DBA CORBETT COUNTRY MARKET
SUSAN D. LARSEN LEIGH, PRESIDENT
36801 E. HIST. COLUMBIA RIVER HWY 695-2234
P.O. BOX 374, CORBETT, OR 97019

THE MERCHANTS BANK OF GRESHAM
PO BOX 504
GRESHAM, OR 97030
(503) 661-9688
96-663/1232

11/12/2003

PAY TO THE ORDER OF MULTNOMAH COUNTY

\$ **35.00

Thirty-Five and 00/100*****

DOLLARS

MULTNOMAH COUNTY

FOR OLCC PERMIT

Susan D. Larsen MP
leigh

⑈015827⑈ ⑆123206639⑆ 01 004753⑈

THIS DOCUMENT CONTAINS A COLORED BACKGROUND ON WHITE PAPER. MICROPRINT IS LOCATED BELOW THIS WARNING BAND.

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Wednesday, November 19, 2003 2:20 PM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Wednesday, November 19, 2003 2:18 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal.
Could
you please inform our office if the business is in compliance with
Assessment and Taxation.

Corbett Country Market
36801 E Hist Clmba Rvr Hwy
Corbett, OR 97019

Thank you

Lana

SMITH Lana

From
Sent
To
Subject



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Expendary service for a safe, livable community
Monday, November 24, 2008, 10:57 AM
SMITH Lana
OLCC

~~BERNIE GIUSTO~~
SHERIFF

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

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Corbett Country Market
36801 E Historic Columbia River Highway
Corbett, OR 97019
Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-7

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Cracker Barrel Grocery, 15005 NW Sauvie Island Rd., Portland, OR 97231

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 15005 NW Sauvie Island Rd, Portland, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

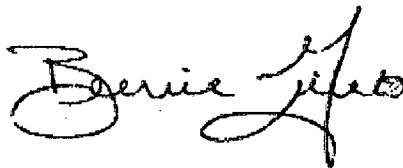
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Cracker Barrel Grocery
15005 NW Sauvie Island Road
Portland, OR 97231

Subject: Liquor License Applicant
Off Premises Sales

Owner: Yom, Chon S
01-17-40
2235 NW 16th Ave
Beaverton, OR 97006

Yom, Kam M
07-24-41
2235 NW 16th Ave
Beaverton, OR 97006

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 15005 NW Sauvie Island Road is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in black ink that reads "Bernie Giusto". The signature is written in a cursive, flowing style.

Bernie Giusto
Sheriff



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

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE Limited Off

BUSINESS NAME Crabber Barrel Grocery Premises

BUSINESS ADDRESS 15005 NW Saurier Island Portland 97231

CORPORATE NAME (IF APPLICABLE) _____

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Yam, Kae'm</u>	<u>7/24/41</u>	<u>540-06-1925</u>
2. <u>Yam, Chong</u>	<u>1/17/40</u>	<u>541-04-2665</u>
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 11/22/03

INVESTIGATORS SIGNATURE

J. Smith

DPSST # 10408 DATE 11/22/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES	District: 1	License: 38401	Premises: 281	Code: 227
----------------------------------	-------------	----------------	---------------	-----------

YOM, CHONG S
15005 NW SAUVIE ISLAND RD
PORTLAND OR 97231

Licensee(s)

YOM, CHONG S
YOM, KAE M

Tradename

CRACKER BARREL GROCERY
15005 NW SAUVIE ISLAND 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 due before December 11, 2003 to avoid late fees.

<u>Operational Questions:</u>	<u>Responses:</u>															
(1) Please list a daytime phone number.	Phone Number: 503-621-3960															
(2) 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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%;"><thead><tr><th style="width: 25%;">Name</th><th style="width: 25%;">Offense</th><th style="width: 25%;">Date</th><th style="width: 25%;">City/State</th><th style="width: 20%;">Result</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Name	Offense	Date	City/State	Result										
Name	Offense	Date	City/State	Result												
(3) 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:															
(4) 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:															
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:															
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES															



Please proceed to back side.

FOR



Wells Fargo Bank Northwest, N.A.
8334 North Denver Avenue
Portland, OR 97217
www.wellsfargo.com

PAY
TO THE
ORDER OF

Multnomah County
thirty five and no/100.

THE CRACKER BARREL GROCERY

15005 NW SAUVIE ISLAND RD.
PORTLAND, OR 97231

DATE *10.22.2003*

\$ *35.00*

DOLLARS



20119



Multnomah County Sheriff's Office

12240 NE GLISAN ST., PORTLAND, OREGON 97230

INTELLIGENCE UNIT RECEIPT

NAME *Cracker Barrel Grocery*
ADDRESS *15005 SW Sauvie Isl*
CITY/STATE/ZIP *Port OR 97231*

CASH CHECK MONEY ORDER
\$ _____ \$ *35* \$ _____
CHECK # *20119* MONEY ORDER #

DESCRIPTION	PRICE	AMOUNT
<input type="checkbox"/> CONCEALED HANDGUN LICENSE FEE	\$ 65.00 Ea	
<input type="checkbox"/> CONCEALED HANDGUN LICENSE RENEWAL FEE	\$ 50.00 Ea	
<input type="checkbox"/> CONCEALED HANDGUN LICENSE REPLACEMENT FEE	\$ 15.00 Ea	
<input type="checkbox"/> BACKGROUND INVESTIGATION FEE	\$ 15.00 Ea	
<input type="checkbox"/> HANDGUN TRAINING CLASS FEE	\$ 20.00 Ea	
<input checked="" type="checkbox"/> O.L.C.C. LICENSE FEE <i>Renew</i>	\$ <i>35</i>	<i>35</i>
<input type="checkbox"/> OTHER	\$	
<input type="checkbox"/>	\$	
No. <i>20100</i>	Received By <i>[Signature]</i>	

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Thursday, October 30, 2003 2:41 PM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Thursday, October 30, 2003 2:23 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal. Could you please inform our office if the business is in compliance with Assessment and Taxation.

Thanks

Lana Smith

Cracker Barrel Grocery
15005 NW Sauvie Island
Portland, OR 97231

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Monday, November 03, 2003 10:07 AM
To: SMITH Lana
Subject: RE:

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

~~C~~Cracker Barrel Grocery
15005 NW Sauvie Island
Portland, OR 97231

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-8

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Fred's Marina, 12800 NW Marine Way, Portland, OR 97231

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

-
1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 12800 NW Marine Way, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
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NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
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- ❖ **Why are no other department/agency fund sources available?**
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- ❖ **Has this request been made before? When? What was the outcome?**

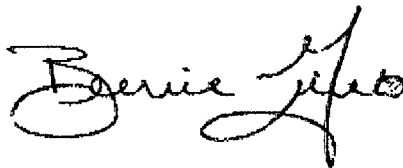
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- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
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- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Fred's Marina
DBA Frevach Lan Co
12800 NW Marine Way
Portland, OR 97231

Subject: Liquor License Applicant
Off Premises Sales

Owner: Cherie Sprando
05-09-50
12800 NW Marine Way
Portland, OR 97231

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 12800 NW Marine Way is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

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LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE On Premise

BUSINESS NAME Shed's Marina

BUSINESS ADDRESS 12808 NW Marina Way, Portland

CORPORATE NAME (IF APPLICABLE) Shed's Land Co

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME

DOB

SSN

1. Spando, Cherie 5/9/50 542-52-5643

2. _____

3. _____

OTHER LICENSED OUTLETS _____

RECOMMENDATION:

FAVORABLE ☒

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 11/28/03

INVESTIGATORS SIGNATURE

J. Smith

DPSST # 0108 DATE 11/28/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES	District: 1	License: 37823	Premises: 6953	Code: 227
---	--------------------	-----------------------	-----------------------	------------------

FREVACH LAND CO
12800 NW MARINA WY
PORTLAND OR 97231

Licensee(s)

FREVACH LAND CO

Tradename

FRED'S MARINA
12800 NW MARINA WY
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 due before December 11, 2003 to avoid late fees.

<u>Operational Questions:</u>	<u>Responses:</u>										
(1) Please list a daytime phone number.	Phone Number: 503-286-5537										
(2) 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.	<table border="1" style="width: 100%;"><thead><tr><th>Name</th><th>Offense</th><th>Date</th><th>City/State</th><th>Result</th></tr></thead><tbody><tr><td colspan="5" style="text-align: center;"><i>No</i></td></tr></tbody></table>	Name	Offense	Date	City/State	Result	<i>No</i>				
Name	Offense	Date	City/State	Result							
<i>No</i>											
(3) Will anyone share in the profits that is not a licensee of <u>this business</u> ? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										
(4) 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 <input type="checkbox"/> EXPLAIN:										
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										



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 received by 12/11/2003 please pay this amount.	\$100.00
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$125.00
If completed renewal application is received after 12/31/2003 please pay this amount.	\$140.00

Local Government- Send Payment to local government listed below:	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<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 each 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	Date	Signature	SSN Authorization
CHERIE SPRANDO	512-52-5613	5/9/50	10/27/03	<i>Cherie Sprando</i>	<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

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Monday, November 10, 2003 11:07 AM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Monday, November 10, 2003 10:55 AM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal.
Could
you please inform our office if the business is in compliance with
Assessment and Taxation.

Fred's Marina
12800 NW Marine Drive
Portland, OR

Thank you

Lana

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Friday, November 14, 2003 2:25 PM
To: SMITH Lana
Subject: OLCC

Lana,

After reviewing our records, the Land Use and Transportation Division has found that there are unresolved zoning violations at Fred's Marina as shown below (ZV 99-023 and ZV 00-007):

Fred's Marina
12800 NW Marine Drive
Portland, OR

The property owner is working with us to resolve these violations, and they are unrelated to the sale of alcohol. Our office has no objection to the renewal of a liquor license.

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-9

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: On Premises Sales Liquor License Renewal for Historic Springdale Pub & Eatery, 32302 E. Crown Point Hwy, Corbett, OR 97019

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 32302 E. Crown Point Hwy, Corbett, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

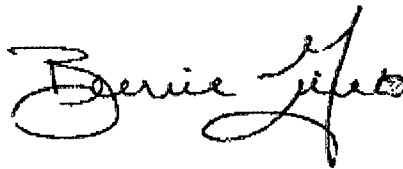
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



MULTNOMAH COUNTY SHERIFF'S OFFICE

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December 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Historic Springdale Pub & Eatery
32302 E Crown Pt Hwy
Corbett, OR 97019

Subject: Liquor License Applicant
On Premises Sales

Owner:	James Warren	Diane Warren
	11-8-54	4-27-57
	32302 E Crown Pt Hwy	32302 E Crown Pt Hwy
	Corbett, OR 97019	Corbett, OR 97019

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 32302 E. Crown Point Hwy is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

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SHERIFF

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LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE On Premises

BUSINESS NAME Historic Springdale Pub & Eatery

BUSINESS ADDRESS 32302 E Brown Pt Hwy

CORPORATE NAME (IF APPLICABLE) _____

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>James Warren</u>	<u>4/8/54</u>	<u>542-78-1671</u>
2. <u>Deane Warren</u>	<u>4/27/52</u>	<u>542-78-8251</u>
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ☒

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 12/8/03

INVESTIGATORS SIGNATURE

J. Smith

DPSST # 152108 DATE 12/8/03

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

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 December 31, 2003.

License Type: LIMITED ON-PREMISES SALES	District: I	License: 38454	Premises: 283	Code: 226
--	--------------------	-----------------------	----------------------	------------------

~~LEWIS, WAYNE H~~
WARREN TECH. CENTER LLC
 32302 E CROWN PT HWY
 CORBETT OR 97019

Licensee(s)

~~LEWIS, WAYNE H 01/26/2005~~

WARREN TECH CENTER, LLC

Server Education Designee(s)

Tradename

WAYNE HANSON

HISTORIC SPRINGDALE PUB & EATERY
~~SPRINGDALE EATERY~~
 32302 E CROWN PT HWY
 CORBETT OR 97019

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 due before December 31, 2003 to avoid late fees.

Operational Questions:	Responses:
(1) Is there a change in your Server Education Designee? If yes, please list their name and date of birth.	Name WAYNE HANSON DOB 8-17-41
(2) Please list a daytime phone number.	Phone Number: 503 695 2676
(3) Please list all arrests or convictions for any crime, violation, or infraction of any law during the last 18 months even if they are <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	N/A
(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 PENN STAR INS. CO. Policy # PAC6317801 Insurance Agent's Phone # 503-254-5564
(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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:



4 5 2 0 0 1 A 1

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 received by 12/11/2003 please pay this amount.	\$202.60
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$252.60
If completed renewal application is received after 12/31/2003 please pay this amount.	\$282.60

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER


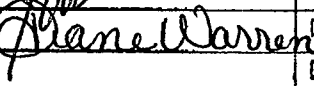
Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will 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(e)).

Signature - Please have each 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	Date	Signature	SSN Authorization:
JAMES F. WARREN	542-70-1671	11-854	12-03-03		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
DIANE L. WARREN	542-78-8251	4-27-54	12-03-03		<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

HISTORIC SPRINGDALE PUB & EATERY

P.O. BOX 199
CORBETT, OR 97019
(503) 695-2676

U.S. BANK
24-HOUR BANKING
1-800-US-BANKS

24-22/1230

1132

DATE

Dec 4, 2003

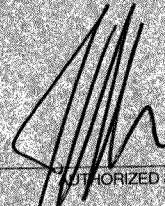
AMOUNT

\$

*****\$35.00

PAY TO THE ORDER OF: Thirty-Five and 00/100 Dollars

MULTNOMAH COUNTY SHERIFF



AUTHORIZED SIGNATURE

⑈001132⑈ ⑆123000220⑆ 153655354030⑈

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Monday, December 08, 2003 12:44 PM
To: SMITH Lana
Subject: RE:

The Springdale Tavern is okay. I can't find an active account for the Tippy Canoe. Let me check with our Collectors and see if they can come up with a current account. I will get right back to you.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcso.us]
Sent: Monday, December 08, 2003 12:10 PM
To: HUFF Deborah R
Subject:

Hi Deborah - I'm sorry to bother you on these two business, but the Manager needs the last two checked by your department today so she can get them on the agenda for tomorrow.

Tippy Canoe
28242 E Historic Columbia River Hwy
Troutdale, OR 97060

Historic Springdale Pub & Eatery
32302 E Crown Pt Hwy
Corbett, OR 97019

Thank you !

SMITH Lana

From: ROTH Rick W [rick.w.roth@co.multnomah.or.us]
Sent: Monday, December 08, 2003 1:54 PM
To: SMITH Lana
Subject: RE: Historic Springdale Pub and Eatery

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for this business listed below.

Historic Springdale Pub and Eatery
32302 E Crown Pt Hwy
Corbett, OR 97019

Respectfully,

Rick Roth, Planner

Multnomah County Land Use & Transportation Program
Department of Business & Community Services
1600 SE 190th Avenue
Portland, OR 97233

(503) 988-3043 (phone)
(503) 988-3389 (fax)
rick.w.roth@co.multnomah.or.us

-----Original Message-----

From: TOKOS Derrick I
Sent: Monday, December 08, 2003 11:24 AM
To: ROTH Rick W
Subject: FW:

Rick, please respond to this one as well.

-----Original Message-----

From: SMITH Lana
Sent: Monday, December 08, 2003 8:00 AM
To: TOKOS Derrick I
Subject:

Hi Derrick -

The following business has requested an OLCC Liquor License Renewal. Could you please inform this office if the business is in compliance with current Land Use Ordinances.

Thank you

Lana

Historic Springdale Pub and Eatery
32302 E Crown Pt Hwy
Corbett, OR 97019

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-10

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: On-Premises Sales Liquor License Renewal for Multnomah Falls Lodge, Scenic Hwy and Columbia Gorge, Bridal Veil, OR 97010

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 Scenic Hwy and Columbia Gorge, Bridal Veil, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

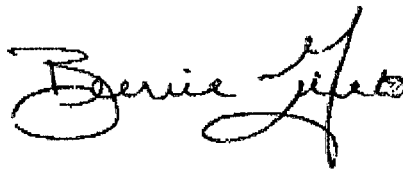
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

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BERNIE GIUSTO
SHERIFF

(503) 255-3600 PHONE

(503) 251-2484 TTY

www.sheriff-mcso.org

December 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Multnomah Falls Lodge
S/S Scenic Hwy and Columbia Gorge
Bridal Veil, OR 97010

Subject: Liquor License Applicant
Full On Premises Sales

Owner: Richard A. Buck
08-06-50
511 S. E. 15th St
Gresham, OR 97080

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed S/S Scenic Hwy and Columbia Gorge is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



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

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE Limited on Premises
BUSINESS NAME Multnomah Falls Lodge
BUSINESS ADDRESS Scenic Hwy - Col Gorge Bridal Veil 97010
CORPORATE NAME (IF APPLICABLE) Multnomah Falls Inc
CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Buck, Richard</u>	<u>8/6/50</u>	<u>543-60-8826</u>
2. _____	_____	_____
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓
FAVORABLE WITH CONCERNS _____
UNFAVORABLE _____

DATE COMPLETED 11/21/03

INVESTIGATORS SIGNATURE

J Smith DPSST # 157408 DATE 11/21/03

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

License Renewal Application

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 December 31, 2003.

License Type: FULL ON-PREMISES SALES	District: 1	License: 38096	Premises: 8370	Code: 225
---	--------------------	-----------------------	-----------------------	------------------

MULTNOMAH FALLS CO INC
PO BOX 367
TROUTDALE OR 97060

Licensee(s)

MULTNOMAH FALLS CO INC

Server Education Designee(s)
BUCK, RICHARD 10/25/2005

Tradename

MULTNOMAH FALLS LODGE
S/S SCENIC HWY & CLMBA GRG
BRIDAL VEIL OR 97010

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 due before December 11, 2003 to avoid late fees.

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 _____										
(2) Please list a daytime phone number.	Phone Number: 503-695-2376 Ext 201										
(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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%;"><thead><tr><th>Name</th><th>Offense</th><th>Date</th><th>City/State</th><th>Result</th></tr></thead><tbody><tr><td colspan="5" style="text-align: center;">NONE</td></tr></tbody></table>	Name	Offense	Date	City/State	Result	NONE				
Name	Offense	Date	City/State	Result							
NONE											
(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 SAFECO/AMERICAN STATES Policy # 01-CE 917337-1 JOHN SANDSTROM Insurance Agent's Phone # 503-224-8390										
(5) Will anyone share in the profits that is not a licensee of this business? If yes, please give name(s) and explain.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES & EXPLAIN: PARTNERS - HAROLD BUCK & KYLE SMITH										
(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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:										



4 5 2 0 0 1 A 1

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 received by 12/11/2003 please pay this amount.	\$402.60
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$502.60
If completed renewal application is received after 12/31/2003 please pay this amount.	\$562.60

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<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 each 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	Date	Signature	SSN Authorization
RICHARD A. Buck	543-60-8826	8/6/50	10/16/03	<i>Richard A. Buck</i>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
8/6/50					<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

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

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 December 31, 2003.

License Type: FULL ON-PREMISES SALES	District: 1	License: 38096	Premises: 8370	Code: 225
---	--------------------	-----------------------	-----------------------	------------------

MULTNOMAH FALLS CO INC
PO BOX 367
TROUTDALE OR 97060

Licensee(s)

MULTNOMAH FALLS CO INC

Server Education Designee(s)
BUCK, RICHARD 10/25/2005

Tradename

MULTNOMAH FALLS LODGE
S/S SCENIC HWY & CLMBA GRG
BRIDAL VEIL OR 97010

Instructions:

1. Answer all questions completely on the renewal application.

MULTNOMAH FALLS CO., INC.

P.O. BOX 367 PH 503-695-2376
TROUTDALE, OR 97060

THE MERCHANTS BANK
GRESHAM, OR 97030
96-663-1232

10/21/03

PAY TO THE
ORDER OF

MULTNOMAH COUNTY SHERIFF

\$ **35.00

Thirty Five and 00/100*****

MULTNOMAH COUNTY SHERIFF
ATTN: SUSAN LAMBERT-GATES
12240 NE GLISAN
PORTLAND, OR 97230

MULTNOMAH FALLS CO., INC.
CHECK VOID AFTER 45 DAYS

MEMO

MU06

00374270 1232066390 01 0138290

Please list insurance/bonding company, policy # and
Insurance agent's phone number.

Policy # **01-CE 917337-1**

JOHN SANDSTROM
Insurance Agent's Phone # **503-224-8390**

(5) Will anyone share in the profits that is not a licensee of this
business? If yes, please give name(s) and explain.

☐ NO ☒ YES & EXPLAIN:
PARTNERS - HAROLD BUCK & KYLE SMITH

(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?

☒ NO ☐ 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?

☒ NO ☐ YES & EXPLAIN:



Please proceed to back side.

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Thursday, October 30, 2003 2:46 PM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Thursday, October 30, 2003 2:18 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal. Could you please inform our office if the business is in compliance with Assessment and Taxation.

Thank you

Lana Smith

Multnomah Falls Lodge
Scenic Hwy & Col Gorge
Bridals Veil, OR 97010

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Monday, November 03, 2003 9:51 AM
To: SMITH Lana
Subject: RE:

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Multnomah Falls Lodge
Scenic Hwy & Columbia Gorge
Bridal Veil, OR 97010

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-11

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Orient Country Store, 29822 SE Orient Drive, Gresham, Oregon

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 29822 SE Orient Drive, Gresham, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

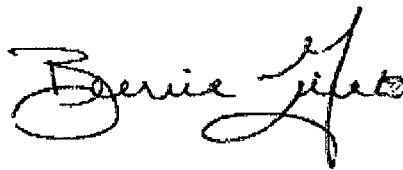
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Orient Country Store
29822 SE Orient Drive
Gresham, OR 97080

Subject: Liquor License Applicant
Off Premises Sales

Owner: Yong Mi Lim
08-28-58
13135 Rogers Road
Lake Oswego, OR 97030

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 29822 SE Orient Drive is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



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

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE Limited on Premises
BUSINESS NAME Orient Country Store
BUSINESS ADDRESS 29822 SE Orient Dr Gresham 97080
CORPORATE NAME (IF APPLICABLE) Jim Asset Holding Inc
CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Jim, Yang</u>	<u>8/28/58</u>	<u>355-58-8996</u>
2. _____	_____	_____
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ☒
FAVORABLE WITH CONCERNS _____
UNFAVORABLE _____

DATE COMPLETED 11/19/03

INVESTIGATORS SIGNATURE

J. Smith

DPSST # 10408

DATE 11/19/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES	District: 1	License: 37943	Premises: 297	Code: 227
---	--------------------	-----------------------	----------------------	------------------

LIM ASSET HOLDING CORP
29822 SE ORIENT DR
GRESHAM OR 97080

Licensee(s)

LIM ASSET HOLDING CORP

Tradename

ORIENT COUNTRY STORE
29822 SE ORIENT DR
GRESHAM OR 97080

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 due **before December 11, 2003 to avoid late fees.**

<u>Operational Questions:</u>	<u>Responses:</u>										
(1) Please list a daytime phone number.	Phone Number: (503) 663-3930										
(2) 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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Offense</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">City/State</th> <th style="width: 20%;">Result</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center; height: 50px;">N/A</td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result	N/A				
Name	Offense	Date	City/State	Result							
N/A											
(3) Will anyone share in the profits that is not a licensee of this business? If yes, please give name(s) and explain.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES & EXPLAIN: Hun Sik Lim - Husband										
(4) 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:										
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:										
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										



4 5 2 0 0 1 A 1

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 received by 12/11/2003 please pay this amount.	\$100.00
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$125.00
If completed renewal application is received after 12/31/2003 please pay this amount.	\$140.00

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

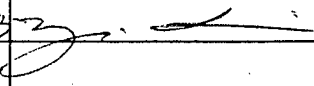
Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will 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	Date	Signature	SSN Authorization
YONGI MI Lim	355-58-8446	8-28-58	10-24-02		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
					<input type="checkbox"/> NO <input type="checkbox"/> YES
Lim, Yong m					<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

ORIENT COUNTRY STORE
29822 SE. ORIENT DR. (503) 663-3930
GRESHAM, OR 97080

20002

DATE 10-24-03 24-201/1230

PAY
TO THE
ORDER OF

Local Government

\$ 35.00

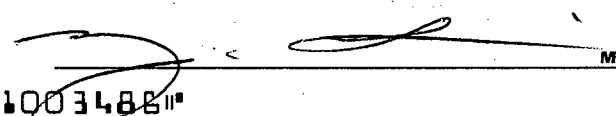
Thirty five

DOLLARS  SECURITY
FEATURES
INCLUDED

KEYBANK NATIONAL ASSOCIATION
GRESHAM, OREGON 97030
1-800-KEY2YOU

FOR

Processing fee

 MP

⑈020002⑈ ⑆123002011⑆ 370251003488⑈

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Thursday, October 30, 2003 2:48 PM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Thursday, October 30, 2003 2:16 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal. Could you please inform our office if the business is in compliance with Assessment and Taxation.

Thank you !

Lana Smith

✓ Orient Country Store
29822 S. E. Orient Drive
Gresham, 94 97080

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Monday, November 03, 2003 9:48 AM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

COrient Country Store
29822 SE Orient Dr
Gresham, OR 97080

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-12

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Plainview Grocery, 11800 NW Cornelius Pass Road, Portland, Oregon 97231

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 11800 NW Cornelius Pass Road, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

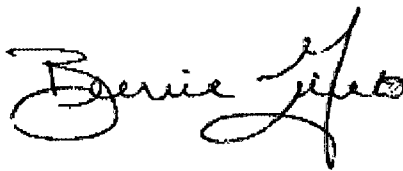
If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Plainview Grocery
11800 NW Cornelius Pass Road
Portland, OR 97231

Subject: Liquor License Applicant
Off Premises Sales

Owner: Steven Linden
03-12-47
11796 NW Cornelius Pass Rd
Portland, OR 97231

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 11800 NW Cornelius Pass Road is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

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LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE Off Premise

BUSINESS NAME Plainview Grocery

BUSINESS ADDRESS 11800 NW Cornelius Pass Rd

CORPORATE NAME (IF APPLICABLE) N/A

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Juriden, Steven</u>	<u>3-12-47</u>	<u>540-52-9329</u>
2. _____	_____	_____
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 11/20/03

INVESTIGATORS SIGNATURE

J. Smith

DPSST # 15408 DATE 11/20/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES	District: 1	License: 38363	Premises: 285	Code: 227
---	--------------------	-----------------------	----------------------	------------------

LINDEN, STEVEN A
11800 NW CORNELIUS PASS RD
PORTLAND OR 97231

Licensee(s)

LINDEN, STEVEN A

Tradename

PLAINVIEW GROCERY
11800 NW CORNELIUS PASS 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 due before December 11, 2003 to avoid late fees.

Operational Questions:	Responses:																				
(1) Please list a daytime phone number.	Phone Number: <u>503-645-1697</u>																				
(2) 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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 20%;">Offense</th> <th style="width: 10%;">Date</th> <th style="width: 20%;">City/State</th> <th style="width: 30%;">Result</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Offense	Date	City/State	Result															
Name	Offense	Date	City/State	Result																	
(3) Will anyone share in the profits that is not a licensee <u>of this business</u> ? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES ☞ EXPLAIN:																				
(4) 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:																				
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES ☞ EXPLAIN:																				
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES																				



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 received by 12/11/2003 please pay this amount.	\$100.00
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$125.00
If completed renewal application is received after 12/31/2003 please pay this amount.	\$140.00

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<input type="checkbox"/> NO <input 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 each 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	Date	Signature	SSN Authorization
Steven A. Linden	540-52-9329	3-12-47	11-3-03	<i>Steven A. Linden</i>	<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

PLAINVIEW GROCERY
PH 503-645-1697
11800 NW CORNELIUS PASS RD.
PORTLAND, OR 97231

2026

24-22/1230 3125

11-3-03 DATE

PAY TO THE
ORDER OF

Matt Co. \$ 3500
Thirty five & 00/100 DOLLARS

www.usbank.com



FOR

liquor license Steven A. Hendon

⑆ 123000220⑆ 153601387670⑈ 2026

© HARLAND 2000

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Monday, November 03, 2003 11:41 AM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Monday, November 03, 2003 11:38 AM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal license. Could you please inform our office if the business is in compliance with Assessment and Taxation.

Thanks

Lana

Plainview Grocery
11800 NW Cornelius Pass Rd
Portland, OR 97231

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Wednesday, November 05, 2003 11:19 AM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after re viewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Plainview Grocery

11800 NW Cornelius Pass Rd

Portland, OR 97231

Respectfully,

Don Kienholz

Planner

Land Use and Transportation

11/5/2003

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-13

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Full On-Premises Sales Liquor License Renewal for Pleasant Home Saloon, 31637 SE Dodge Park Blvd., Gresham, Oregon

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 31637 SE Dodge Park Blvd., Gresham, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

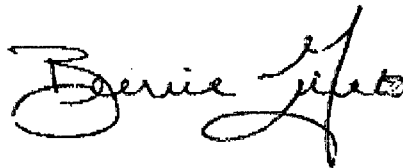
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Pleasant Home Saloon
31637 SE Dodge Park Boulevard
Gresham, OR 97030

Subject: Liquor License Applicant
Full On Premises Sales

Owner: Clifford W. Loftin
04-21-43
31637 SE Dodge Park Boulevard
Gresham, OR 97030

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 31637 SE Dodge Park Boulevard is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto". The signature is written in dark ink and is positioned below the word "Sincerely,".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

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SHERIFF

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(503) 251-2484 TTY
www.sheriff-mcso.org

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE Limited on Premises
BUSINESS NAME Pleasant Home Saloon
BUSINESS ADDRESS 31637 SE Dodge Park Gresham ⁹⁷⁰³⁰
CORPORATE NAME (IF APPLICABLE) C. W. Haftin Inc.
CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Haftin, Clifford</u>	<u>4/21/43</u>	<u>543-42-2650</u>
2. _____	_____	_____
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ☒
FAVORABLE WITH CONCERNS _____
UNFAVORABLE _____

DATE COMPLETED 11/21/03

INVESTIGATORS SIGNATURE

J. Smith

DPSST # 10408 DATE 11/21/03

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

**NEED
SVED**

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 December 31, 2003.

License Type: FULL ON-PREMISES SALES	District: 1	License: 37702	Premises: 14183	Code: 225
---	--------------------	-----------------------	------------------------	------------------

C.W. LOFTIN INC
31637 SE DODGE PARK BLVD
GRESHAM OR 97030

Licensee(s)

C.W. LOFTIN INC

Server Education Designee(s)
LOFTIN, CLIFFORD 12/17/2003

Tradename

PLEASANT HOME SALOON
31637 SE DODGE PARK BLVD
GRESHAM OR 97030

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 due before December 11, 2003 to avoid late fees.

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 _____										
(2) Please list a daytime phone number.	Phone Number: <u>(503) 663-2626</u>										
(3) Please list all arrests or convictions for any crime, violation, or infraction of any law during the last 18 months even if they are <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1"> <thead> <tr> <th>Name</th> <th>Offense</th> <th>Date</th> <th>City/State</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result					
Name	Offense	Date	City/State	Result							
(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>ACCEPTANCE INDEMNITY INS CO.</u> Policy # <u>TBA</u> Insurance Agent's Phone # <u>(503) 661-3646</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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										



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 received by 12/11/2003 please pay this amount.	\$402.60
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$502.60
If completed renewal application is received after 12/31/2003 please pay this amount.	\$562.60

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<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)).

10891676

Signature - Please have each 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	Date	Signature	SSN Authorization
Clifford W. Loftin	543-42-2650	4/21/43	12/17/03	Clifford W. Loftin	<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



Multnomah County Sheriff's Office

12240 NE GLISAN ST., PORTLAND, OREGON 97230

INTELLIGENCE UNIT RECEIPT

NAME CW Losh / Present Home School
ADDRESS 31637 SE Dodge PK BLVD
CITY/STATE/ZIP Gresham, OR 97030

CASH \$ _____ CHECK \$ _____ MONEY ORDER \$ 35.00
CHECK # _____ MONEY ORDER # 19174600197

DESCRIPTION	PRICE	AMOUNT
<input type="checkbox"/> CONCEALED HANDGUN LICENSE FEE	\$ 65.00 Ea	
<input type="checkbox"/> CONCEALED HANDGUN LICENSE RENEWAL FEE	\$ 50.00 Ea	
<input type="checkbox"/> CONCEALED HANDGUN LICENSE REPLACEMENT FEE	\$ 15.00 Ea	
<input type="checkbox"/> BACKGROUND INVESTIGATION FEE	\$ 15.00 Ea	
<input type="checkbox"/> HANDGUN TRAINING CLASS FEE	\$ 20.00 Ea	
<input checked="" type="checkbox"/> O.L.C.C. LICENSE FEE (Renew)	\$ <u>35.00</u>	<u>35</u>
<input type="checkbox"/> OTHER	\$	
<input type="checkbox"/>	\$	

No. 20104 Received By [Signature]

THE FRONT OF THE DOCUMENT HAS A MICROPRINT MOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

TravelersExpress MoneyGram
INTERNATIONAL MONEY ORDER

79174600197

PAY TO THE ORDER OF Multnomah County Sheriff's Office

[Signature]

IMPORTANT - SEE BACK BEFORE CASHING

THIS AMOUNT

79174600197

ISSUED BY
TRAVELERS EXPRESS COMPANY INC.
Fairfield, NJ

001900533:79174600197 90

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Thursday, October 30, 2003 2:40 PM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Thursday, October 30, 2003 2:24 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal. Could you please inform our office if the business is in compliance with Assessment and Taxation.

Thank you

Lana Smith

Pleasant Home Saloon
31637 SE Dodge Park
Gresham, OR 97030

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Monday, November 03, 2003 9:53 AM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Pleasant Home Saloon
31637 SE Dodge Park
Gresham, OR 97030

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-14

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Rocky Point Marina, 23586 NW St. Helens Rd., Portland

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

-
1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 23586 NW St. Helens Rd., Portland, Oregon, has one year tax in arrears. The Land Use Planning Division reported that they have no objection to renewal of the liquor license. 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 WITH CONCERNS RECOMMENDATION** for the Liquor License Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

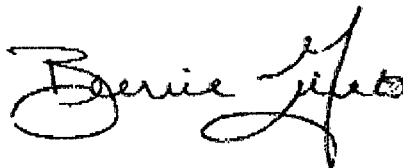
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Rocky Pointe Marina
23586 NW St. Helens Hwy
Portland, OR 97231

Subject: Liquor License Applicant
Off Premises Sales

Owner: Richard Tonneson
02-20-37
23586 NW St. Helens Hwy
Portland, OR 97231

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 23586 NW St. Helens Road is one year in tax arrears. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 WITH CONCERNS RECOMMENDATION** for the Liquor License Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

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LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE Limited on
Premises
BUSINESS NAME Rocky Pointe Marina
BUSINESS ADDRESS 23586 NW Selwyn Rd Portland 97231

CORPORATE NAME (IF APPLICABLE) _____

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>Jonneson, Richard</u>	<u>2/20/37</u>	<u>540-38-6303</u>
2. _____	_____	_____
3. _____	_____	_____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE _____
FAVORABLE WITH CONCERNS ☒ _____
UNFAVORABLE _____

DATE COMPLETED 11/30/03

INVESTIGATORS SIGNATURE

J Smith

DPSST # 15408 DATE 11/30/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES	District: 1	License: 38122	Premises: 26109	Code: 227
---	--------------------	-----------------------	------------------------	------------------

ROCKY POINTE MARINA LLC
23586 NW ST HELENS HWY
PORTLAND OR 97231

Licensee(s)

ROCKY POINTE MARINA LLC

Tradename

ROCKY POINTE MARINA
23586 NW ST HELENS HWY
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 due before December 11, 2003 to avoid late fees.

<u>Operational Questions:</u>	<u>Responses:</u>										
(1) Please list a daytime phone number.	Phone Number: <u>503 543 7003</u>										
(2) 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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%;"><thead><tr><th style="width: 20%;">Name</th><th style="width: 20%;">Offense</th><th style="width: 20%;">Date</th><th style="width: 20%;">City/State</th><th style="width: 20%;">Result</th></tr></thead><tbody><tr><td colspan="5" style="text-align: center;">None</td></tr></tbody></table>	Name	Offense	Date	City/State	Result	None				
Name	Offense	Date	City/State	Result							
None											
(3) 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:										
(4) 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:										
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN: <u>False</u>										
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										



4 5 2 0 0 1 A 1

Please proceed to back side.



ROCKY POINTE MARINA, LLC
23586 NW ST. HELENS HWY
PORTLAND, OR 97231
(503) 543-1003

ST. HELENS COMMUNITY FCU
SAINT HELENS, OR 97051
96-7634/3232

1323

10/16/2003

PAY TO THE
ORDER OF

LOCAL GOVERNMENT MULTNOMAH COUNTY

\$**35.00

Thirty-Five and 00/100*****

LOCAL GOVERNMENT MULTNOMAH COUNTY
DEPUTY SUSAN LAMBERT-GATES
13240 NE GLISAN
PORTLAND, OR 97230

DOLLAR

MEMO PROCESSING FEE

R. J.

AUTHORIZED SIGNATURE

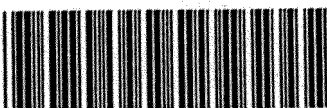
⑈013231⑈ ⑈323276346⑈ 732900461242⑈

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 due before December 11, 2003 to avoid late fees.

Operational Questions:	Responses:
(1) Please list a daytime phone number.	Phone Number: 503 543 7003
(2) 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 <u>not liquor related</u> 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 Resu None
(3) 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:
(4) 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:
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES



Please proceed to back side.

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Thursday, October 30, 2003 2:45 PM
To: SMITH Lana
Subject: RE:

Rocky Pointe Marina (P503808) has one year tax in arrears. They are not in compliance.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Thursday, October 30, 2003 2:20 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal. Could you please inform our office if the business is in compliance with Assessment and Taxation.

Thank you

Lana Smith

Rocky Pointe Marina
23586 NW St. Helens Rd.
Portland, OR 97231

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Monday, November 03, 2003 10:08 AM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Rocky Pointe Marina_
23586 NW St. Helens Rd
Portland, OR 97231

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-15

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Tenley's Jackpot Foodmart, 28210 SE Orient Drive, Gresham, OR 97080

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 Tenley's Jackpot Foodmart, 28210 SE Orient Drive, Gresham, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

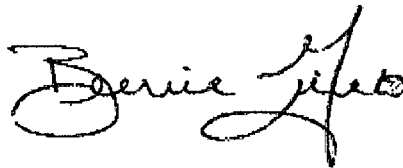
If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

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: 12/8/03



MULTNOMAH COUNTY SHERIFF'S OFFICE

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BERNIE GIUSTO
SHERIFF

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

December 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Tenley's Jackpot Foodmart
28210 SE Orient Drive
Gresham, OR 97080

Subject: Liquor License Applicant
Off Premises Sales

Owner:	Ly Hien Le	Ly My Le	Ly Phuong Le
	02-04-73	05-07-59	09-15-70
	3129 SE 22 nd Ave	28032 SE Orient Dr	16422 NE Fremont

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 28210 SE Orient Drive is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

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BERNIE GIUSTO
SHERIFF

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

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE On Premises

BUSINESS NAME Tenley Jackpot

BUSINESS ADDRESS 28210 SE Oriant Dr Gresham

CORPORATE NAME (IF APPLICABLE) De, Ly H

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME	DOB	SSN
1. <u>De, Ly Dien</u>	<u>2/4/73</u>	<u>542379165</u>
2. <u>De, Ly My</u>	<u>5/7/54</u>	<u>542-37-7829</u>
3. <u>De, Ly Phuong</u>	<u>9/15/70</u>	<u>542-37-9732</u>

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 11/20/03

INVESTIGATORS SIGNATURE

J Smith

DPSST # 15408 DATE 11/20/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES	District: 1	License: 37929	Premises: 19229	Code: 227
---	--------------------	-----------------------	------------------------	------------------

LE, LY H
28210 SE ORIENT DR
GRESHAM OR 97080

Licensee(s)

LE, LY H
LE, LY M
LE, LY P

Tradename

TENLY'S JACKPOT FOODMART
28210 SE ORIENT DR
GRESHAM OR 97080

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 due before December 11, 2003 to avoid late fees.

Operational Questions:	Responses:
(1) Please list a daytime phone number.	Phone Number: <u>503 663 2931</u>
(2) 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 <u>not liquor related</u> 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>N/A</u>
(3) 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 <input type="checkbox"/> EXPLAIN:
(4) 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 <input type="checkbox"/> EXPLAIN:
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES



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 received by 12/11/2003 please pay this amount.	\$100.00
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$125.00
If completed renewal application is received after 12/31/2003 please pay this amount.	\$140.00

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<input checked="" 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	Date	Signature	SSN Authorization
LE, LY KIEN	542379165	2/4/73	10/4/03		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
LE, LY MY	142377829	05/27/74	10/20/03		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
LE, LY PHUONG	542379732	9/15/70	10/4/03		<input checked="" 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

TENLY'S JACKPOT FOODMART

28210 SE ORIENT DR
GRESHAM, OR 97080
PH. 503-663-2931

7398

24-22/1230 3134

© HARLAND BLUE MARBLE XMB



ay to the
Order of

City of Gresham

Susan Lambert-Gates

Date 10/15/03

Thirty-five and 00/100

\$ 35.00

Dollars



Security
Features
Details on
Back



usbank.com

For Renewal OLCC Grace - Risty Cheryl

YJ

⑈0000007398⑈ ⑆123000220⑆ 153601780601⑈

Tradename

TENLY'S JACKPOT FOODMART
28210 SE ORIENT DR
GRESHAM OR 97080

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 due before December 11, 2003 to avoid late fees.

Operational Questions:	Responses:
(1) Please list a daytime phone number.	Phone Number: 503 663 2931
(2) 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 <u>not liquor related</u> 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 N/A
(3) Will anyone share in the profits that is not a licensee of <u>this business</u> ? If yes, please give name(s) and explain.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:
(4) 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:
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Monday, November 10, 2003 11:10 AM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcso.us]
Sent: Monday, November 10, 2003 10:54 AM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal.
Could
you please inform our office if the business is in compliance with
Assessment
and Taxation.

Fenleys Jackpot
28210 S. E. Orient Drive
Gresham, OR

Thanks

Lana

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Friday, November 14, 2003 2:09 PM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Tenleys Jackpot
28210 SE Orient Drive
Gresham, OR

Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-16

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: On Premises Sales Liquor License Renewal for Tippy Canoe Bar and Grill, 28242 E. Historic Columbia River Hwy, Troutdale, OR 97060

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 28242 E. Historic Columbia River Hwy, Troutdale, Oregon, has an unknown tax payment status. The Land Use Planning Division reported that they have no objection to renewal of the liquor license. 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 WITH CONCERNS RECOMMENDATION** for the Liquor License Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

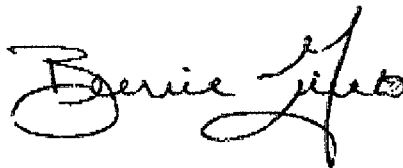
If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Tippy Canoe
28242 E Historical Columbia River Hwy
Troutdale, OR 97060

Subject: Liquor License Applicant
On Premises Sales

Owner: Victor D. Jones
12-21-59
33600 E Bell Road
Corbett, OR 97019

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed as 28242 E. Historic Columbia River Hwy has an unknown tax payment status. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 WITH CONCERNS RECOMMENDATION** for the Liquor License Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



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

LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE On Premise

BUSINESS NAME Gippy Canal

BUSINESS ADDRESS 28242 E West Cal River Hwy Troutdale

CORPORATE NAME (IF APPLICABLE) _____

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME

DOB

SSN

1. Victor Jones 12/21/59 505-82-2018

2. _____

3. _____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE _____

FAVORABLE WITH CONCERNS ☒ _____

UNFAVORABLE _____

DATE COMPLETED 12/8/03

INVESTIGATORS SIGNATURE

J Smith

DPSST # 15408 DATE 12/8/03

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

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 December 31, 2003.

License Type: FULL ON-PREMISES SALES	District: 1	License: 37627	Premises: 36450	Code: 225
---	--------------------	-----------------------	------------------------	------------------

~~JONES, ROBERTA L~~
33600 E BELL RD
CORBETT OR 97019

Licensee(s)

~~JONES, ROBERTA L~~ 06/22/2007
JONES, VICTOR D 05/29/2007

Server Education Designee(s)

Tradename

TIPPY CANOE
28242 E HSTRC CLMB RVR HWY
TROUTDALE OR 97060

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 due before December 11, 2003 to avoid late fees.

Operational Questions:	Responses:
(1) Is there a change in your Server Education Designee? If yes, please list their name and date of birth. NO	Name <u>N/A</u> DOB _____
(2) Please list a daytime phone number.	Phone Number: <u>503 618-9661</u>
(3) Please list all arrests or convictions for any crime, violation, or infraction of any law during the last 18 months even if they are <u>not liquor related</u> 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 _____ None
(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>Interstate Indemnity</u> Policy # <u>CBP 9007BA</u> <u>Don Brown 4175000</u> Insurance Agent's Phone # <u>503 661-3646</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 type="checkbox"/> NO <input checked="" type="checkbox"/> YES & EXPLAIN: <u>DIVORCE FINAL 12/4/03</u> <u>Please Drop Roberta L Jones</u>
(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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN: <u>from ownership</u>

KRISTIN-OLCC



4 5 2 0 0 1 A 1

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 received by 12/11/2003 please pay this amount.	\$402.60
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$502.60
If completed renewal application is received after 12/31/2003 please pay this amount.	\$562.60

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<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 each 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	Date	Signature	SSN Authorization
<i>[Signature]</i>					<input type="checkbox"/> NO <input type="checkbox"/> YES
Victor D Jones	505-82-2018	12/21/59	12/4/03	<i>[Signature]</i>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Jones	2019				<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



OREGON

DRIVER LICENSE
2985939
JONES, VICTOR DALE

DOB
12-21-1959

Endorsements

Sex
M

Issue Date
12-19-2001

Class
C

Weight
210

Restrictions

Height
5'10"

Record Created
1978

Expires: 12-21-2009
JONES, VICTOR DALE
33600 E BELL RD
CORBETT, OR 97019



TIPPY CANOE BAR & GRILL
VICTOR JONES

503-618-9661
28242 E HISTORIC COLUMBIA RIVER HWY.
TROUTDALE, OR 97060

19-7076/3250
4894570146

1285

DATE

12/4/03

PAY TO THE
ORDER OF

MLSD

\$ 35 ⁰⁰/₁₀₀

Thirty Five & 00/100

DOLLARS



Security Features
included.
Details on back.



Washington Mutual

Washington Mutual Bank
Wood Village Financial Center
22855 NE Park Lane, Suite A
Troutdale, OR 97060

1-800-788-7000
24 hour Customer Service

Victor D Jones

MEMO

⑆325070760⑆ 4894570146⑆ 1285

SMITH Lana

From: MILLER Maurice A [maurice.a.miller@co.multnomah.or.us]
Sent: Monday, December 08, 2003 2:16 PM
To: SMITH Lana
Subject: RE: Tippy Canoe Bar & Grill LLC

Lana,

That's not easy to answer. It depends on who actually owned and operated the business over the past years since 1998 when we received the last filing from a Mr. Gene Tomasco. If Mr. & Mrs. Jones bought the business from Tomasco, then they should have filed each year, and then based on what they reported we would determine an assessed value, and then we would know if they owed any tax for each year. It also depends on whether they acquired any new assets/equipment, since the 1998 value was only \$12,400 and that would have declined down below our minimum over the intervening years. Often times a new business owner will add new equipment to enhance their business investment, but not always.

All of that to say, at this point I don't know if Jones is in violation. That's why I was hoping you had some contact info. I'm surprised your license applications don't ask for contact info. - they should!! How would you get a hold of Jones if you needed to? Did he give you an email address?
LOL.

Does the application indicate how long Jones has been operating the business, even if as a married couple? That would help me.

The Sec. of State indicates: I double checked and found that I was in error, the LLC is NOT active, it has been dissolved. This means that Mr. Jones is apparently operating as a sole proprietor on his own, perhaps per the divorce as you indicated.

Tippy Canoe Bar & Grill, LLC	filed 2/14/03 &
dissolved	
5/13/03	
ABN/DBA: Tippy Canoe Bar & Grill	filed 5/13/03

Clear as mud?

Maurice A. Miller, Appraisal Technician
Multnomah County OR (DBCS)
A & T: Personal Property Section
501 SE Hawthorne Blvd., Suite 200
Portland, OR 97214-3577
(503) 988-3367, x-28799
FAX (503) 988-3356

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Monday, December 08, 2003 1:58 PM
To: MILLER Maurice A
Subject: RE: Tippy Canoe Bar & Grill LLC

I have the listed business as Tippy Canoe at 28242 E Historic Columbia

River

Hwy in Corbett. They don't have a listed phone number on the application, but noticed that it is now owned by Victor Jones only, due to a divorce earlier this year.

I am compiling a list to put on the agency tomorrow for the Board for approval. Is the Tippy Canoe in violation?

If you can let me know, I will bring this up to the board.

Thank you

Lana Smith

-----Original Message-----

From: MILLER Maurice A [mailto:maurice.a.miller@co.multnomah.or.us]
Sent: Monday, December 08, 2003 1:53 PM
To: SMITH Lana
Cc: HUFF Deborah R; KILMARTIN Patrice M
Subject: FW: Tippy Canoe Bar & Grill LLC
Importance: High

Lana,

Your request has been forwarded to me here in the PP appraisal section, as I handle that part of MultCo. But first I have a couple of questions for you:

- 1) Based on the info. available from the Sec. of State, am I correct that your license applicant is actually "Tippy Canoe Bar & Grill, LLC" or at least Mr. Victor D. Jones? There is quite a history on this location and business...
- 2) Do you have a phone # available in your files that I could contact the current owner and/or prior owners? We have not had a PP tax filing from any one at that address or business since 1998 and I would like to check on the background and history on the business to see if perhaps we should have been assessing someone all along.

Thank you,

Maurice A. Miller, Appraisal Technician
Multnomah County OR (DBCS)
A & T: Personal Property Section
501 SE Hawthorne Blvd., Suite 200
Portland, OR 97214-3577
(503) 988-3367, x-28799
FAX (503) 988-3356

-----Original Message-----

From: HUFF Deborah R
Sent: Monday, December 08, 2003 1:41 PM
To: MILLER Maurice A
Subject: FW:

Maurice,

Here is the email that Patrice told you about. Please let Lana know as soon as you figure this out.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcso.us]
Sent: Monday, December 08, 2003 8:08 AM
To: HUFF Deborah R
Subject:

The following business has applied for their OLCC Liquor License Renewal.
Could you please inform our office if they are in compliance with Assessment and Taxation.

Thanks
Lana.

Tippy Canoe
28242 E Historic Columbia River Hwy
Troutdale, OR 97060

SMITH Lana

From: MILLER Maurice A [maurice.a.miller@co.multnomah.or.us]
Sent: Monday, December 08, 2003 1:53 PM
To: SMITH Lana
Cc: HUFF Deborah R; KILMARTIN Patrice M
Subject: FW: Tippy Canoe Bar & Grill LLC

Importance: High

Lana,

Your request has been forwarded to me here in the PP appraisal section, as I handle that part of MultCo. But first I have a couple of questions for you:

- 1) Based on the info. available from the Sec. of State, am I correct that your license applicant is actually "Tippy Canoe Bar & Grill, LLC" or at least Mr. Victor D. Jones? There is quite a history on this location and business.
- 2) Do you have a phone # available in your files that I could contact the current owner and/or prior owners? We have not had a PP tax filing from any one at that address or business since 1998 and I would like to check on the background and history on the business to see if perhaps we should have been assessing someone all along.

Thank you,

Maurice A. Miller, Appraisal Technician
Multnomah County OR (DBCS)
A & T: Personal Property Section
501 SE Hawthorne Blvd., Suite 200
Portland, OR 97214-3577
(503) 988-3367, x-28799
FAX (503) 988-3356

-----Original Message-----

From: HUFF Deborah R
Sent: Monday, December 08, 2003 1:41 PM
To: MILLER Maurice A
Subject: FW:

Maurice,
Here is the email that Patrice told you about. Please let Lana know as soon as you figure this out.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Monday, December 08, 2003 8:08 AM
To: HUFF Deborah R
Subject:

SMITH Lana

From: ROTH Rick W [rick.w.roth@co.multnomah.or.us]
Sent: Monday, December 08, 2003 1:50 PM
To: SMITH Lana
Subject: FW: Tippy Canoe

In response to your request, and after reviewing our records, the Land Use and Transportation Division has no objections to the issuance of a liquor license for this business listed below.

Tippy Canoe
28242 E Historic Columbia River Hwy
Troutdale, OR 97060

Respectfully,

Rick Roth, Planner

Multnomah County Land Use & Transportation Program
Department of Business & Community Services
1600 SE 190th Avenue
Portland, OR 97233

(503) 988-3043 (phone)
(503) 988-3389(fax)

-----Original Message-----

From: TOKOS Derrick I
Sent: Monday, December 08, 2003 11:23 AM
To: ROTH Rick W
Subject: FW:

Rick,

I'd like you to respond to Lana Smith directly. We keep a record of our responses in the lateral files by the east door (suggest you use the same format as last response, provided you don't see a land use issue with the continued sale of liquor from the premises). Also, update the OLCC database on the o: drive. Let me know if you have any questions.

Derrick

-----Original Message-----

From: SMITH Lana
Sent: Monday, December 08, 2003 8:07 AM
To: TOKOS Derrick I
Subject:

The following business has applied for their OLCC Liquor License Renewal.
Could you please inform this office if the business is in compliance with current Land Use Ordinances.

Thanks

The following business has applied for their OLCC Liquor License
Renewal.
Could you please inform our office if they are in compliance with
Assessment
and Taxation.

Thanks
Lana

Tippy Canoe
28242 E Historic Columbia River Hwy
Troutdale, OR 97060

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-17

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Off Premises Sales Liquor License Renewal for Weece's Market, 7310 SE Pleasant Home Road, Gresham, Oregon

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 7310 SE Pleasant Home Road, Gresham, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

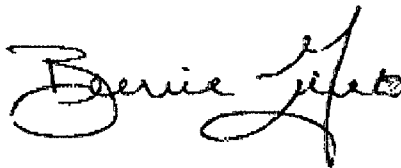
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Weece's Market
7310 SE Pleasant Home Road
Gresham, OR 97080

Subject: Liquor License Applicant
Off Premises Sales

Owner: Kim R. Young
07-29-68
6816 SE Equestrian Way
Portland, OR 97080

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 7310 SE Pleasant Home Road is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

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SHERIFF

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(503) 251-2484 TTY
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LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE Limited on Premises

BUSINESS NAME Wesley's Market

BUSINESS ADDRESS 7310 SE Pleasant Home Rd Gresham 97080

CORPORATE NAME (IF APPLICABLE) _____

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME

DOB

SSN

1. Kim, Young R 7/29/68 540-19-6309

2. _____

3. _____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 11/20/03

INVESTIGATORS SIGNATURE

J Smith

DPSST # 15409 DATE 11/20/03

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

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 December 31, 2003.

License Type: OFF-PREMISES SALES

District: 1

License: 37921

Premises: 277

Code: 227

KIM, YOUNG R
7310 SE PLEASANT HOME RD
GRESHAM OR 97080

Licensee(s)

KIM, YOUNG R

Tradename

WEECE'S MARKET
7310 SE PLEASANT HOME RD
GRESHAM OR 97080

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 due before December 11, 2003 to avoid late fees.

Operational Questions:

Operational Questions:	Responses:
(1) Please list a daytime phone number.	Phone Number: 503-663-3141
(2) 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 <u>not liquor related</u> 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 NONE
(3) 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:
(4) 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:
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacture? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES



5 2 0 0 1 A 1

Please proceed to back side.

DATE

10-17-03

PAY TO THE ORDER OF

Susan Lambert-Gates Deputy

\$ 35.00

DOLLARS



Security Features Details on Back



usbank.com

FOR OLCC Fee

⑈0000004169⑈ ⑆123000220⑆ 153690932980⑈

Tradename

WECE'S MARKET
7310 SE PLEASANT HOME RD
GRESHAM OR 97080

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 due **before December 11, 2003 to avoid late fees.**

Operational Questions	Responses										
(1) Please list a daytime phone number.	Phone Number: 503-663-3141										
(2) 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.	<table border="1"> <thead> <tr> <th>Name</th> <th>Offense</th> <th>Date</th> <th>City/State</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">NONE</td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result	NONE				
Name	Offense	Date	City/State	Result							
NONE											
(3) 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:										
(4) 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:										
(5) 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES & EXPLAIN:										
(6) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacturer? Note: You may not conduct tastings if your establishment sells gasoline or other fuel products.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										



4 5 2 0 0 1 A 1

Please proceed to back side.

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Thursday, October 30, 2003 2:42 PM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcsso.us]
Sent: Thursday, October 30, 2003 2:22 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal. Could you please inform our office if the business is in compliance with Assessment and Taxation.

Thanks

Lana Smith

Weeece's Market
7310 SE Pleasant Home Rd
Gresham, OR 97080

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Monday, November 03, 2003 9:55 AM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after reviewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Weece's Market
7310 SE Pleasant Home Rd
Gresham, OR 97080
Respectfully,

Don Kienholz
Planner
Land Use and Transportation

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: C-18

Est. Start Time: 9:30 AM

Date Submitted: 12/09/03

Requested Date: December 18, 2003

Time Requested: N/A

Department: Sheriff's Office

Division: Inspections Unit

Contact/s: Kathy Walliker, Manager
Enforcement Support Unit

Phone: (503) 251-2520

Ext.:

I/O Address: 313/122

Presenters: Consent Calendar

Agenda Title: Limited On-Premises Sales Liquor License Renewal for Wildwood Golf Course, 21881 NW St. Helens Rd., Portland, Oregon

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?**

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 21881 NW St. Helens Road, 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. 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 Renewal.

3. Explain the fiscal impact (current year and ongoing).

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

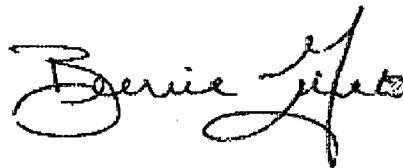
If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

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: 12/8/03



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 4, 2003

Board Of County Commissioners
501 SE Hawthorne Boulevard, Suite 600
Portland, OR 97214-3587

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

Regarding: Wildwood Golf Course
21881 NW St. Helens Road
Portland, OR 97231

Subject: Liquor License Applicant
Limited On Premises Sales

Owner:	William O'Meara	Paul VanDomean
	09-06-60	07-02-59
	21881 NW St Helens Rd	940 NE Birchair Lane

The Multnomah County Sheriff's Office has completed its investigation for the above liquor license renewal. Assessment and Taxation reported that the address listed 21881 NW St Helens Road is in compliance with the Assessment and Taxation Office. The Land Use Planning Division has reported that they have no objection to the renewal of the liquor license. 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 Renewal.

Sincerely,

A handwritten signature in cursive script that reads "Bernie Giusto".

Bernie Giusto
Sheriff



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

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LIQUOR LICENSE INVESTIGATION

DEPUTY ASSIGNED _____ LICENSE TYPE On Premises

BUSINESS NAME Wildwood Golf Course, Inc

BUSINESS ADDRESS 21881 NW St Helens Rd 97231

CORPORATE NAME (IF APPLICABLE) _____

CORPORATE/MAILING ADDRESS _____

PRINCIPAL/LICENSEE

NAME

DOB

SSN

1. O'Meara, Bill 9-6-60 542-84-1135

2. Van Domeen, Paul 7-2-59 543-58-5084

3. _____

OTHER LICENSED OUTLETS _____

RECOMMENDATION: FAVORABLE ✓

FAVORABLE WITH CONCERNS _____

UNFAVORABLE _____

DATE COMPLETED 11/20/03

INVESTIGATORS SIGNATURE

J Smith

DPSST # 15408 DATE 11/20/03

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

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 December 31, 2003.

License Type: LIMITED ON-PREMISES SALES	District: 1	License: 38420	Premises: 20457	Code: 226
--	--------------------	-----------------------	------------------------	------------------

WILDWOOD GOLF COURSE INC
21881 NW ST HELENS RD
PORTLAND OR 97231

Licensee(s)

WILDWOOD GOLF COURSE INC

Server Education Designee(s)
VAN DOMELEN, PAUL 08/04/2004

Tradename

WILD WOOD GOLF COURSE
21881 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 due before December 11, 2003 to avoid late fees.

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 _____										
(2) Please list a daytime phone number.	Phone Number: _____										
(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 <u>not liquor related</u> for anyone who holds a financial interest in the licensed business. Attach additional sheet of paper to back of form if needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Offense</th> <th style="width: 15%;">Date</th> <th style="width: 20%;">City/State</th> <th style="width: 15%;">Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Offense	Date	City/State	Result					
Name	Offense	Date	City/State	Result							
(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>Clackamas Insurance</u> Policy # <u>C01-15-32-19</u> Insurance Agent's Phone # <u>503-655-2035</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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN:										



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 received by 12/11/2003 please pay this amount.	\$202.60
If completed renewal application is received after 12/11/2003 but on or before 12/31/2003 please pay this amount.	\$252.60
If completed renewal application is received after 12/31/2003 please pay this amount.	\$282.60

Local Government- Send Payment to local government listed below.	
Local government Susan Lambert-Gates, Deputy located at 12240 NE Glisan ; Portland, OR 97230 requires a \$35.00 processing fee. Have you paid this processing fee?	<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 each 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	Date	Signature	SSN Authorization
Kay O'meara	542-76-5554	7-26-64	10/20/03	Kay O'meara	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Bill O'meara	542-84-1135	9-6-60	10/20/03	Bill O'meara	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Paul VanDome	en 543-58-5084	7/2/59		Paul VanDome	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
		11/15/03			<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

WILDWOOD GOLF COURSE

21881 NW ST. HELENS ROAD
PORTLAND, OR 97231
PH. 503-621-3402 FAX 503-621-1056

U.S. BANK
24-22-1230

1665

10/20/2003

PAY TO THE
ORDER OF

Multnomah County Sheriff's Office

\$ **35.00

Thirty-Five and 00/100*****

DOLLARS

**Multnomah County Sheriff's Office
PO Box 92153
Portland, Or 97292**

BILL & KAY O'MEARA

MEMO

olcc renewal

Kay O'Meara

⑈016656⑈ ⑆123000220⑆15360727572⑈

SMITH Lana

From: HUFF Deborah R [deborah.r.huff@co.multnomah.or.us]
Sent: Wednesday, November 05, 2003 8:53 AM
To: SMITH Lana
Subject: RE:

Yes, they are okay.

-----Original Message-----

From: SMITH Lana [mailto:lane.smith@mcso.us]
Sent: Tuesday, November 04, 2003 2:13 PM
To: HUFF Deborah R
Subject:

The following business has requested an OLCC Liquor License Renewal.
Could
you please inform our office if the business is in compliance with
Assessment
and Taxation.

Thanks

Lana Smith

Wildwood Golf Course Inc
21881 NW St Helens Rd
Portland, OR 97231

SMITH Lana

From: KIENHOLZ Don D [don.d.kienholz@co.multnomah.or.us]
Sent: Wednesday, November 05, 2003 11:33 AM
To: SMITH Lana
Subject: OLCC

Lana,

In response to your request, and after re viewing our records, The Land Use and Transportation Division has no objections to the issuance of a liquor license for the business listed below:

Wildwood Golf Course Inc

21881 NW St. Helens Rd

Portland, OR 97231

Respectfully,

Don Kienholz

Planner

Land Use and Transportation

11/10/2003

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-1

Est. Start Time: 9:30 AM

Date Submitted: 11/05/03

Requested Date: December 18, 2003

Time Requested: 1 minute

Department: Health

Division: Environmental Health

Contact/s: Lila Wickham

Phone: 503-988-3400

Ext.: 22404

I/O Address: 245

Presenters: Lila Wickham

Agenda Title: Second Reading and Possible Adoption of an Ordinance Amending MCC Chapter 21, Health, Relating To Food Service, Pool and Spa and Tourist and Traveler License Fees And Declaring An Emergency

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

-
- 1. What action are you requesting from the Board? What is the department/agency recommendation?** Approve second reading and adopt Ordinance.
 - 2. Please provide sufficient background information for the Board and the public to understand this issue.** The proposed ordinance defines the application of fees to accounts assuring consistency and conformance with accounting standards allowing for withholding of license for current or future year until past due fees have been paid. Also, MCC §§ 21.152 and 21.612 provide that a reinstatement or late fee may be added to any fee not paid as required with respect to Pool and Spa and Food Services. A late fee should also be added to any fee not paid as required with respect to Tourist Facilities.
 - 3. Explain the fiscal impact (current year and ongoing).** None anticipated. Will allow for recovery and reduction of administrative collection time and increase funds available for health and safety inspection purposes. Clarifies the order in which fees are applied to facility accounts.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain: N/A

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.

- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain: N/A

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain: N/A

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues involved. Supports the county policy of cost-recovery.
5. Explain any citizen and/or other government participation that has or will take place. Citizens may comment on the ordinance at the Board meeting.

Required Signatures:



Department/Agency Director: _____ Date: 11/5/2003

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. _____

Amending MCC Chapter 21, Health, Relating To Food Service, Pool and Spa and Tourist and Traveler License Fees And Declaring An Emergency

(Language ~~stricken~~ is deleted; double underlined language is new.)

The Multnomah County Board of Commissioners Finds:

- a. MCC §§ 21.152 and 21.612 provide that a reinstatement or late fee may be added to any fee not paid as required with respect to Pool and Spa and Food Services. A late fee should also be added to any fee not paid as required with respect to Tourist Facilities.
- b. There currently is no requirement that all penalties and fees, including but not limited to reinstatement or late fees, be paid before a license is issued or reinstated. All penalties and fees should be brought current before a license is issued or reinstated.

Multnomah County Ordains as follows:

Section 1. MCC §§ 21.150, 21.610, 21.613, 21.650 and 21.651 are amended as follows:

§ 21.150- Swimming Pool License Fee.

For the services of the department in connection with the inspection of public swimming pools, public spa pools, and bathhouses as those terms are defined in ORS 448.005, the department will collect a license fee from each applicant as set by Board resolution based on the number of swimming or spa pools located at the same address, and operated by the same licensee. A license will not be issued until all penalties and fees are brought current. A license expires annually on December 31. The annual license fee must be paid in advance or postmarked to the department on or before midnight December 31 of the preceding license year.

§ 21.610 Food Service License Fee.

For the services of the department in connection with issuance of food service licenses, the department shall collect a fee from every applicant, at the time of application. A license will not be issued until all penalties and fees are brought current. The fees shall be in amounts set by Board resolution.

§ 21.613 Bed And Breakfast Facilities; Food Service License Fees.

For the services of the department in connection with the inspection of food service facilities as those terms are defined in ORS 624, the department shall collect an annual license fee from each applicant in an amount set by Board resolution. A license will not be issued until all penalties and fees are brought current.

§ 21.650- Tourist And Travelers Facilities License Fees.

For the services of the department in connection with the issuance of licenses, the department shall collect from every applicant, at the time of application, fees in amounts set by Board resolution. A license will not be issued until all penalties and fees are brought current.

§ 21.651 Bed And Breakfast Facilities; Tourist Accommodations License Fee.

For the services of the department in connection with the inspection of tourist accommodation facilities, as those terms are defined in ORS 446, the department shall collect an annual license fee from each applicant in an amount set by Board resolution. A license will not be issued until all penalties and fees are brought current.

Section 2. MCC Chapter 21, Health, is amended to add a new section imposing late fees with respect to tourist facilities licensing as follows:

§ 21.652 Late Fees.

(A) The Board by resolution will set a reinstatement or late fee for failure to pay license fees when due.

(B) If the department determines that the delinquency was due to reasonable cause and without any intent to avoid compliance, the reinstatement or late fee provided by subsection (A) will be waived.

Section 3. An emergency is declared in that it is necessary for the health, safety and general welfare of the people of Multnomah County for this ordinance to take effect upon expiration of annual licenses on December 31st. Under section 5.50 of the Charter of Multnomah County, this ordinance will take effect on January 1, 2004.

FIRST READING:

December 11, 2003

SECOND READING AND ADOPTION:

December 18, 2003

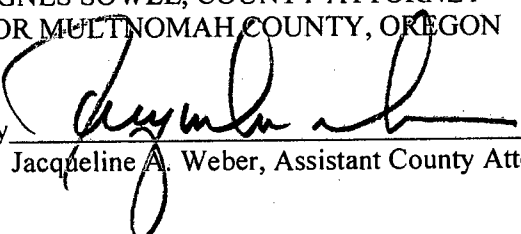
BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By


Jacqueline A. Weber, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. 1023

Amending MCC Chapter 21, Health, Relating to Food Service, Pool and Spa and Tourist and Traveler License Fees and Declaring an Emergency

(Language ~~stricken~~ is deleted; double underlined language is new.)

The Multnomah County Board of Commissioners Finds:

- a. MCC §§ 21.152 and 21.612 provide that a reinstatement or late fee may be added to any fee not paid as required with respect to Pool and Spa and Food Services. A late fee should also be added to any fee not paid as required with respect to Tourist Facilities.
- b. There currently is no requirement that all penalties and fees, including but not limited to reinstatement or late fees, be paid before a license is issued or reinstated. All penalties and fees should be brought current before a license is issued or reinstated.

Multnomah County Ordains as follows:

Section 1. MCC §§ 21.150, 21.610, 21.613, 21.650 and 21.651 are amended as follows:

§ 21.150- Swimming Pool License Fee.

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§ 21.610 Food Service License Fee.

For the services of the department in connection with issuance of food service licenses, the department shall collect a fee from every applicant, at the time of application. A license will not be issued until all penalties and fees are brought current. The fees shall be in amounts set by Board resolution.

§ 21.613 Bed and Breakfast Facilities; Food Service License Fees.

For the services of the department in connection with the inspection of food service facilities as those terms are defined in ORS 624, the department shall collect an annual license fee from each applicant in an amount set by Board resolution. A license will not be issued until all penalties and fees are brought current.

§ 21.650- Tourist and Travelers Facilities License Fees.

For the services of the department in connection with the issuance of licenses, the department shall collect from every applicant, at the time of application, fees in amounts set by Board resolution. A license will not be issued until all penalties and fees are brought current.

§ 21.651 Bed and Breakfast Facilities; Tourist Accommodations License Fee.

For the services of the department in connection with the inspection of tourist accommodation facilities, as those terms are defined in ORS 446, the department shall collect an annual license fee from each applicant in an amount set by Board resolution. A license will not be issued until all penalties and fees are brought current.

Section 2. MCC Chapter 21, Health, is amended to add a new section imposing late fees with respect to tourist facilities licensing as follows:

§ 21.652 Late Fees.

(A) The Board by resolution will set a reinstatement or late fee for failure to pay license fees when due.

(B) If the department determines that the delinquency was due to reasonable cause and without any intent to avoid compliance, the reinstatement or late fee provided by subsection (A) will be waived.

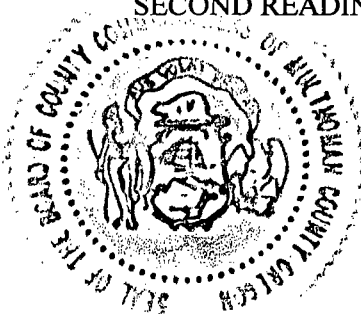
Section 3. An emergency is declared in that it is necessary for the health, safety and general welfare of the people of Multnomah County for this ordinance to take effect upon expiration of annual licenses on December 31st. Under section 5.50 of the Charter of Multnomah County, this ordinance will take effect on January 1, 2004.

FIRST READING:

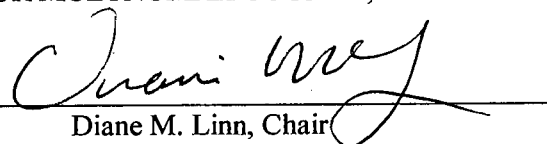
December 11, 2003

SECOND READING AND ADOPTION:

December 18, 2003

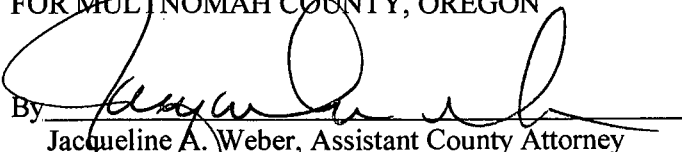


BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Jacqueline A. Weber, Assistant County Attorney

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-2

Est. Start Time: 9:31 AM

Date Submitted: 11/05/03

Requested Date: December 18, 2003

Time Requested: 5 minutes

Department: Health

Division: Environmental Health

Contact/s: Lila Wickham

Phone: 503-988-3400

Ext.: 22404

I/O Address: 245

Presenters: Lila Wickham

Agenda Title: RESOLUTION Establishing Fees and Charges for Chapter 21, Health, of the Multnomah County Code, and Repealing Resolution No. 02-118

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

-
1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approve Resolution Establishing Fees and Charges for MCC Chapter 21, Health, and Repealing Resolution No. 02-118.
 2. **Please provide sufficient background information for the Board and the public to understand this issue.** Updates and conforms the code to Chapter 309, (2003 Laws) (HB 3156) and provides that Food Handler training fees are \$5.00 for certification and \$5.00 for each test or retest.. An ordinance imposing a late fee on Tourist Facility Licenses has been proposed concurrently with this Resolution. This Resolution also adds the Tourist Facility License late fee, subject to approval of the proposed ordinance.
 3. **Explain the fiscal impact (current year and ongoing).** None anticipated. Will allow for recovery of costs associated with numerous food handler testing by the same individual.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain: N/A

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.

- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain: N/A

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain: N/A

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4. Explain any legal and/or policy issues involved. Supports the county policy of cost-recovery.
5. Explain any citizen and/or other government participation that has or will take place. Citizens may comment on the ordinance at the Board meeting.

Required Signatures:

Department/Agency Director: _____



Date: 11/5/2003

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Establishing Fees and Charges for Chapter 21, Health, of the Multnomah County Code, and Repealing Resolution No. 02-118

The Multnomah County Board of Commissioners Finds:

- a. Chapter 21, Health, of the Multnomah County Code provides that the Board shall establish certain fees and charges by resolution.
- b. The Board adopted Resolution 02-118 establishing fees for MCC Chapter 21, Health, on August 29, 2002.
- c. Chapter 309, (2003 Oregon Laws) (HB 3156) provides that a \$5 fee may be charged for each Food Handler training test or retest. On December 11, 2002, the Board adopted an ordinance adding MCC § 21.652 authorizing a late fee with respect to Tourist Facility Licenses. It is necessary to add these fees and repeal Resolution 02-118.
- d. All other fees and charges established by Resolution 02-118 remain the same.

The Multnomah County Board of Commissioners Resolves:

1. The fees and charges for Chapter 21, Health, of the Multnomah County Code are set as follows:

Section 21.150. SWIMMING POOL LICENSE FEE.

First two pools, each:	\$255
Each additional pool:	\$125

Section 21.151. SWIMMING POOL AND SPA PLAN REVIEW FEES.

Minor Plan Review	\$160
Plan review, New Construction or Complete Replacement >=2,000 square feet	\$1050
Plan review, New Construction or Complete Replacement <2,000 square feet	\$790
Renewal of construction permit	\$ 65

The definition of minor plan review, new construction or complete replacement shall be established by department administrative policy.

Section 21.152 INCREASED FREQUENCY INSPECTION, REINSTATEMENT AND LATE FEES

(A) Increased Frequency Inspection	\$120
(B) Reinstatement or Late Fee	50% of fee

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 03-167

Establishing Fees and Charges for Chapter 21, Health, of the Multnomah County Code, and Repealing Resolution No. 02-118

The Multnomah County Board of Commissioners Finds:

- a. Chapter 21, Health, of the Multnomah County Code provides that the Board shall establish certain fees and charges by resolution.
- b. The Board adopted Resolution 02-118 establishing fees for MCC Chapter 21, Health, on August 29, 2002.
- c. Chapter 309, (2003 Oregon Laws) (HB 3156) provides that a \$5 fee may be charged for each Food Handler training test or retest. On December 11, 2002, the Board adopted an ordinance adding MCC § 21.652 authorizing a late fee with respect to Tourist Facility Licenses. It is necessary to add these fees and repeal Resolution 02-118.
- d. All other fees and charges established by Resolution 02-118 remain the same.

The Multnomah County Board of Commissioners Resolves:

1. The fees and charges for Chapter 21, Health, of the Multnomah County Code are set as follows:

Section 21.150. SWIMMING POOL LICENSE FEE.

First two pools, each:	\$255
Each additional pool:	\$125

Section 21.151. SWIMMING POOL AND SPA PLAN REVIEW FEES.

Minor Plan Review	\$160
Plan review, New Construction or Complete Replacement >=2,000 square feet	\$1050
Plan review, New Construction or Complete Replacement <2,000 square feet	\$790
Renewal of construction permit	\$ 65

The definition of minor plan review, new construction or complete replacement shall be established by department administrative policy.

Section 21.152 INCREASED FREQUENCY INSPECTION, REINSTATEMENT AND LATE FEES

(A) Increased Frequency Inspection	\$120
(B) Reinstatement or Late Fee	50% of fee

Section 21.408. APPLICATION FOR LICENSE (EMS)

Each ambulance: \$250

Section 21.605. CERTIFICATE FEES

- (A) All food handlers trained under MCC 21.603 shall pay the health department a \$5 fee for the issuance of an original food handler's certificate.
- (B) All other food handlers shall pay the health department a program participation fee at \$5.00 for certification and \$5.00 for each test or retest.
- (C) All food handlers shall pay the health department a \$5 fee for the issuance of a replacement certificate.

Section 21.610. FOOD SERVICE LICENSE FEE.

For the services of the department of health in connection with issuance of food service licenses, the department shall collect a fee from every applicant, at the time of application.

The following fee structure shall apply for full-service restaurants, limited-service restaurants, or commissary licenses issued or applied for between January 1 and September 30:

Seating capacity 0 – 15	\$290
Seating capacity 16 – 50	\$395
Seating capacity 51 – 150	\$475
Seating capacity over 150	\$560
Limited-service restaurants	\$290
Commissaries servicing 1-5 mobile units and/or 1-50 vending machines	\$290
Commissaries servicing 6 or more mobile units and/or 51 or more vending machines	\$445

Where there are more than two food service facilities located at the same address and licensed to the same licensee, the license fee shall be the amount listed above for the first two largest facilities and one-half the amount for each additional facility.

The following fee structure shall apply for full-service restaurants, limited-service restaurants, or commissary licenses issued or applied for between October 1 and December 31:

Seating capacity 0 – 15	\$150
Seating capacity 16 – 50	\$200
Seating capacity 51 – 150	\$235
Seating capacity over 150	\$280
Limited-service restaurants	\$150

Commissaries servicing 1-5 mobile units and/or 1-50 vending machines	\$150
--	-------

Commissaries servicing 6 or more mobile units and/or 51 or more vending machines	\$220
--	-------

Where there are more than two food service facilities located at the same address and licensed to the same licensee, the license fee shall be the amount listed above for the first two largest facilities and one-half the amount for each additional facility.

For the following special food service facilities, the following fees shall be charged for licenses issued or applied for:

Temporary restaurants:

1 day	\$80
2-4 days	\$140
5 or more days	\$150

Non-potentially hazardous temporary restaurant:

Selling only non-potentially hazardous food as defined in OAR 333-150-000 for a period of 1-30 days	\$80
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Seasonal full-service, commissaries or limited-service restaurants operating six months or less	\$150
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Warehouses	\$150
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Mobile units as defined by OAR 333-162-0020

Class I, II and III	\$165
Class IV	\$265

Combined Facilities Limited Service Selling individually, pre-wrapped foods and whole fruits with single service utensils in a facility that holds a pool/spa or travelers' accommodations license from the department of health:	\$130
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Vending Machines:

1-10 units	\$170
11-20 units	\$325
21-30 units	\$500
31-40 units	\$580
41-50 units	\$655
51-75 units	\$825
76-100 units	\$990
101-250 units	\$1315
251-500 units	\$2460

501-750 units	\$3950
751-1,000 units	\$4935
1,001-2,000 units	\$6585
Over 2,000 units	\$6585 plus \$1 for each unit over 2,000 units

The following fee structure shall apply for limited service, combined facilities limited service, mobile units, warehouses or vending machines issued or applied for between October 1 and December 31:

Warehouses	\$80
Mobile units as defined by OAR 333-162-0020	
Class I, II and III	\$85
Class IV	\$130

Combined Facilities Limited Service: Selling individually, pre-wrapped foods and whole fruits with single service utensils in a facility that holds a pool/spa or travelers' accommodations license from the department of health: \$130

Vending Machines:

1-10 units	\$85
11-20 units	\$160
21-30 units	\$250
31-40 units	\$290
41-50 units	\$325
51-75 units	\$410
76-100 units	\$495
101-250 units	\$655
251-500 units	\$1230
501-750 units	\$1975
751-1,000 units	\$2470
1,001-2,000 units	\$3295
Over 2,000 units	\$3295 plus \$.50 for each unit over 2,000 units

Section 21.611.	FOOD SERVICE PLAN REVIEW	
Minor Plan Review		\$55
Mobile unit plan review		
Class I, II or III		\$170
Class IV		\$250
Major remodeling		\$440
New construction		
0-50 seats		\$440
Over 50 seats		\$550

The definition of minor plan review mobile unit plan review, major remodeling and new construction shall be established by department administrative policy. Benevolent organizations are subject to food service plan review fees.

Section 21.612. PAYMENT OF LICENSE FEES, REINSPECTION FEES;
DELINQUENCY.

(B)	Reinstatement or Late Fee:	50% of fee
(F)	Temporary license on intermittent basis with less than six retail vendors	\$150 per month for first four months of operation within a calendar year
		\$55 per month for the remainder of the year
	Temporary license on Intermittent basis with six or more retail vendors	\$150 per month for first three months of operation within a calendar year,
		\$110 for the fourth month of operation within a calendar year, not to exceed the maximum full service restaurant fee
(H)	Temporary License late processing fee	\$50
(J)	Increased frequency inspection	\$120 for each additional inspection
(K)	Relocation fee	\$50
(L)	Inspection of mobile unit licensed In another jurisdiction	\$25

Section 21.613. BED AND BREAKFAST FACILITIES; FOOD SERVICE LICENSE FEES.

Annual license fee	\$150
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Section 21.650. TOURIST AND TRAVELERS FACILITIES LICENSE FEES.

Tourist and travelers facilities and recreation parks:

1-25 units:	\$195
26-50 units:	\$225
51-75 units:	\$280
76-100 units	\$295

101 units and over: \$295 plus \$1 per unit over 100 units

Picnic parks: \$75
Organizational camps: \$145
Day camps \$90

Section 21.651. BED AND BREAKFAST FACILITIES; TOURIST ACCOMMODATIONS LICENSE FEE.

Annual license fee \$75

Section 21.652 REINSTATEMENT AND LATE FEES

Reinstatement or Late Fee 50% of fee

Section 21.708. HEARING.

Deposit for each witness subpoenaed for hearing \$15

2. This resolution takes effect and Resolution No. 02-118 is repealed on January 1, 2004.

ADOPTED this 18th day of December 2003.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By


Jacqueline A. Weber, Assistant County Attorney

AGENDA PLACEMENT REQUEST

BUD MOD #: NOND 01

APPROVED : MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-3 DATE 12-18-03
DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-3

Est. Start Time: 9:35 AM

Date Submitted: 11/17/03

Requested Date: December 18, 2003 **Time Requested:** 5 minutes
Department: Non-Departmental **Division:** CCFC
Contact/s: Joshua Todd, Wendy Lebow (CCFC)
Phone: 503-988-6981 **Ext.:** 86981 **I/O Address:** 166/6
Presenters: Joshua Todd, Wendy Lebow

Agenda Title: Budget Modification NOND 01 Appropriating Kellogg Youth Innovation Fund Grant Revenue in the Amount of \$35,282 to the Commission on Children, Families, and Community Budget for Fiscal Year 2004

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?** The Commission on Children, Families, and Community requests approval of bud mod NOND 01, Kellogg Youth Innovation Fund grant in the amount of \$35,282 for FY 2004
2. **Please provide sufficient background information for the Board and the public to understand this issue.** In July 2003, Portland Schools Foundation was awarded a W.K. Kellogg Foundation grant. The goals of the grant are to support youth-directed civic action through a service-learning framework. In short, this helps young people get meaningfully involved in finding solutions to community issues while connecting what they learn to their education. The grant is managed by the National Service-Learning Partnership, which is housed at the Academy for Educational Development. The National Service-Learning Partnership selected 8 sites across the country, including

Portland. Our site is comprised of the Portland Schools Foundation (fiscal agent), Portland Public Schools (lead partner), Multnomah County, Portland State University, and the City of Portland. The Multnomah Youth Commission, of the Commission on Children, Families & Community, was the lead group at the County applying for this grant. The Youth Development Coordinator at the CCFC will provide .5 FTE to coordinate the project. Two members of the MYC will serve on the Youth Innovation Fund Board.

The Board will consist of 20 young people (13-19) and 5 adults from across Multnomah County. Once the board is in place, they will conduct a "power analysis" to determine what the four most pressing issues/concerns are in Multnomah County and create an RFP that will fund up to 20 youth-directed projects to address the issues identified. The projects will apply for mini-grants. The grant provides \$20,000 total for the mini-grant pool.

3. **Explain the fiscal impact (current year and ongoing).** This bud mod will add \$35,282 to the CCFC office budget in FY 2004. The grant itself covers two years; the year two grant award will be included in the CCFC's FY 2005 budget request. Funds will pay for 0.5 FTE Program Development Specialist and office materials and supplies in support of coordinating the overall project including the 20 youth members and 5 adult members of the Youth Innovation Fund Board, the community stakeholders group, and consortium partners. As this grant will support half of an existing position, this bud mod also re-allocates existing grant funds among CCFC activities.

If a budget modification, explain:

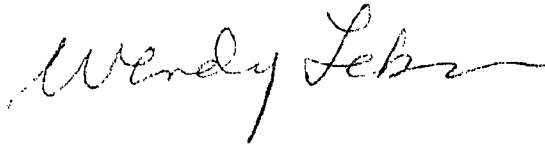
- ❖ **What revenue is being changed and why?** This action adds \$35,282 in new revenue to the CCFC budget. \$35,282 in existing revenues is re-allocated to existing CCFC activities.
- ❖ **What budgets are increased/decreased?** The CCFC Federal-State Fund budget is increased by \$35,282.
- ❖ **What do the changes accomplish?** This action will allow the CCFC to provide staff support to this grant and provide young people the opportunity to become actively engaged in the community. The Youth Innovation Fund Board will also determine 4 key issues in the community and fund up to 20 youth-directed projects. We anticipate that several of those projects will align with the CCFC's policy frameworks.
- ❖ **Do any personnel actions result from this budget modification? Explain.** This grant supports 0.5 FTE of an existing position. No new positions are added to the budget.
- ❖ **Is the revenue one-time-only in nature?** No. The grant award covers two years and current grantees are eligible to reapply for an additional two years.
- ❖ **If a grant, what period does the grant cover?** FY 2004 and FY 2005.
- ❖ **When the grant expires, what are funding plans?** This grant was awarded for a particular project. At the end of the grant period, the CCFC plans to channel as much of the momentum and enthusiasm of the youth into MYC and CCFC projects. The Portland site will also work to leverage additional funds to continue this work.

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

4. **Explain any legal and/or policy issues.** N/A.
5. **Explain any citizen and/or other government participation that has or will take place.** This grant award resulted from the hard work and cooperation from the CCFC, the Multnomah Youth Commission, Multnomah Department of Community Justice, the Portland Schools Foundation, Portland Public Schools, Portland State University, City of Portland, and numerous community members who attended community meetings to help inform the writing of the grant and our implementation once the grant was awarded.

Required Signatures:

Department/Agency Director:



Date: 11/17/03

Budget Analyst

By:



Date: 11/17/03

Dept/Countywide HR

By:

Date:

Budget Modification:

Nond 01

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with MERLIN.

Line No.	Fund Center	Fund Code	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
			Internal Order	Cost Center	WBS Element						
1	10-50	1505			ccfc.youth.XXXXX	50200	0	(35,282)	(35,282)	(35,282)	Kellogg Grant
2							0				
3	10-50	1505			ccfc.youth.XXXXX	93002	0	33,904	33,904		Add 0.5 FTE salary expenses
4	10-50	1505			ccfc.youth.XXXXX	93001	0	1,378	1,378	35,282	Add associated M&S
5							0				
6	10-50	32082			ccfc.youth.32082	93002	97,908	64,004	(33,904)		Reduce Basic Capacity for salary expense
7	10-50	32082			ccfc.youth.32082	93001	8,830	7,452	(1,378)	(35,282)	Reduce Basic Capacity for M&S
8							0				
9	10-50	1505		105000		60100	0	5,000	5,000		Add Temp for intern
10	10-50	1505		105000		60170	0	10,282	10,282		Add Professional Services
11	10-50	1505		105100		60170	0	5,000	5,000		Add Professional Services
12	10-50	1505		105200		60170	0	5,000	5,000		Add Professional Services
13	10-50	1505		105300		60170	0	5,000	5,000		Add Professional Services
14	10-50	1505		105400		60170	0	5,000	5,000	35,282	Add Professional Services
15							0				
16	10-50	1505		105000		93002	(212,196)	(217,196)	(5,000)		Increase assessment to project
17	10-50	1505		105000		93001	(8,655)	(18,937)	(10,282)		Increase assessment to project
18	10-50	1505		105100		93001	(3,830)	(8,830)	(5,000)		Increase assessment to project
19	10-50	1505		105200		93001	(3,830)	(8,830)	(5,000)		Increase assessment to project
20	10-50	1505		105300		93001	(3,830)	(8,830)	(5,000)		Increase assessment to project
21	10-50	1505		105400		93001	(2,891)	(7,891)	(5,000)	(35,282)	Increase assessment to project
22							0				
23	10-50	32082			ccfc.admin.32082	93001	3,402	13,684	10,282		Increase assessed cost to project
24	10-50	32082			ccfc.admin.32082	93002	151,950	156,950	5,000		Increase assessed cost to project
25	10-50	32082			ccfc.ec.32082	93001	0	5,000	5,000		Increase assessed cost to project
26	10-50	32082			ccfc.youth.32082	93001	2,234	7,234	5,000		Increase assessed cost to project
27	10-50	32082			ccfc.school.32082	93001	2,452	7,452	5,000		Increase assessed cost to project
28	10-50	32082			ccfc.pov.32082	93001	0	5,000	5,000	35,282	Increase assessed cost to project
29							0				
								0		0	Total - Page 1
								0		0	GRAND TOTAL

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-4

Est. Start Time: 9:40 AM

Date Submitted: 11/24/03

Requested Date: 12/18/2003

Time Requested: 5-10 minutes

Department: DCHS

Division: MHASD

Contact/s: Seth Lyon

Phone: 503.988.5464

Ext.: 26013

I/O Address: 166/7

Presenters: Seth Lyon

Agenda Title: Resolution Authorizing Designated Secured Transport Services to Transport Mentally Ill or Allegedly Mentally Ill Persons

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

- 1. What action are you requesting from the Board? What is the department/agency recommendation?**

Board support of Cascadia Behavioral healthcare Inc. in their application to the State to become a licensed provider or Secure Transportation to mentally ill persons. The license application requires approval from the governing body of the County in which the provider will operate.

- 2. Please provide sufficient background information for the Board and the public to understand this issue.**

Cascadia is the largest mental health crisis service provider in Multnomah County. They are contracted to provide Secure Transportation services through a contract with DCHS-MHASD. They have attempted to fulfill that obligation using existing licensed providers as subcontractors but have been unable to do so because of slow response times by those providers.

3. Explain the fiscal impact (current year and ongoing).

No fiscal impact.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

4. Explain any legal and/or policy issues involved.

Oregon Administrative Rules (OAR) 309-033-0432(3)(b) regarding Secure Transport Providers states that the governing body of the county in which the secure transport is to be used shall submit a letter formally authorizing the Secure transport provider to Transport Persons in Custody or on Diversion. The "governing body" is defined as the Board. This is a routine procedure for certifying a Secure Transportation provider and is in keeping with Board policy directing MHASD to work toward limiting criminal justice involvement in mental health crises. Police currently provide a majority of the Secure Transportation services in Multnomah County.

5. Explain any citizen and/or other government participation that has or will take place.

None anticipated.

Required Signatures:

Department/Agency Director: _____

Date: 11/24/03

Budget Analyst

By: _____

Date:

Dept/Countywide HR

By: _____

Date:

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Authorizing Designated Secured Transport Services to Transport Mentally Ill or Allegedly Mentally Ill Persons

The Multnomah County Board of Commissioners Finds:

- a. If authorized by a county governing body, a secure transport service may take into custody and transport allegedly mentally ill or mentally ill individuals to or between mental health facilities approved by the Oregon Office of Mental Health and Addictions Services.
- b. There is a current need for secured transport services in Multnomah County.
- c. The secure transport providers listed below have been recommended by the Multnomah County Community Mental Health Program Director (Director) to provide custody and secured transportation services.

The Multnomah County Board of Commissioners Resolves:

1. Cascadia Behavioral Healthcare Inc. is authorized to provide the following secured custody and transportation services:
 - A. Accept custody from a peace officer of a person in custody under ORS 426.228;
 - B. Take custody of a person upon notification by Director in accordance with ORS 426.233;
 - C. Remove a person in custody to an approved hospital or non-hospital facility as directed by Director;
 - D. Transfer a person in custody to another person authorized under ORS 426.233(3) or a peace officer;
 - E. Transfer a person in custody from a hospital or non-hospital facility to another hospital facility or non-hospital facility when directed to do so by Director;
 - F. Retain a person in custody at the approved hospital or non-hospital facility until a physician makes a determination under ORS 426.232.

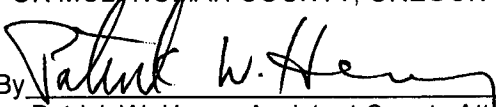
ADOPTED this 18th day of December 2003.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Patrick W. Henry, Assistant County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 03-168

Authorizing Designated Secured Transport Services to Transport Mentally Ill or Allegedly Mentally Ill Persons

The Multnomah County Board of Commissioners Finds:

- a. If authorized by a county governing body, a secure transport service may take into custody and transport allegedly mentally ill or mentally ill individuals to or between mental health facilities approved by the Oregon Office of Mental Health and Addictions Services.
- b. There is a current need for secured transport services in Multnomah County.
- c. The secure transport providers listed below have been recommended by the Multnomah County Community Mental Health Program Director (Director) to provide custody and secured transportation services.

The Multnomah County Board of Commissioners Resolves:

1. Cascadia Behavioral Healthcare Inc. is authorized to provide the following secured custody and transportation services:
 - A. Accept custody from a peace officer of a person in custody under ORS 426.228;
 - B. Take custody of a person upon notification by Director in accordance with ORS 426.233;
 - C. Remove a person in custody to an approved hospital or non-hospital facility as directed by Director;
 - D. Transfer a person in custody to another person authorized under ORS 426.233(3) or a peace officer;
 - E. Transfer a person in custody from a hospital or non-hospital facility to another hospital facility or non-hospital facility when directed to do so by Director;
 - F. Retain a person in custody at the approved hospital or non-hospital facility until a physician makes a determination under ORS 426.232.

ADOPTED this 18th day of December, 2003.



REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By Patrick W. Henry
Patrick W. Henry, Assistant County Attorney

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn
Diane M. Linn, Chair

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-5

Est. Start Time: 9:45 AM

Date Submitted: 12/10/03

Requested Date: December 18, 2003

Time Requested: 5 minutes

Department: County Human Services

Division: MHASD

Contact/s: John Pearson/Amy Baker

Phone: 988-3691

Ext.: 22612
(John)

I/O Address: 166/5

Presenters: John Pearson/ Amy Baker

Agenda Title: NOTICE OF INTENT to Submit an Oregon Children's Plan Special Project Application to the State Office of Mental Health and Addictions Services to implement the Early Childhood System goals of the Oregon Children's Plan

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

-
1. **What action are you requesting from the Board? What is the department/agency recommendation?** Board approval to submit application. DHS management supports submission of the application.
 2. **Please provide sufficient background information for the Board and the public to understand this issue.** The State Office of Mental Health & Addictions Services is requesting applications from Counties to implement the Early Childhood System goals of the Oregon Children's Plan.
 3. **Explain the fiscal impact (current year and ongoing).** The awards are for a maximum of \$300,000 for eighteen months with services beginning as early as January 2004. Initial grants may be renewable for the following funding cycle, 2005-2007. Grants awarded as special projects through Service Element 60 in the County Financial Assistance Agreement.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**

- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?** The 18 month period from January 2004 through June 30, 2005.
- ❖ **When the grant expires, what are funding plans?** Initial plans are for subcontracted staff to develop a collaboration of A&D and Childrens Mental Health services and systems. The collaboration should be self-sustaining. Continuation also could include services funding that would have to be scaled back or eliminated if funding is not continued.

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**

- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**

- ❖ **Has this request been made before? When? What was the outcome?**

If grant application/notice of intent, explain:


- ❖ **Who is the granting agency?** State of Oregon, OMHAS
- ❖ **Specify grant requirements and goals.** Applicants must be an Oregon county with an OMHAS-approved 2003-2005 Biennial County Implementation Plan (Multnomah County's plan is approved). The goals of the grant are the goals of the Early Childhood System developed through the Oregon Children's Pan.
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?** Initial grants may be renewable for the following funding cycle, 2005-2007. Grants awarded as special projects through Service Element 60 in the County Financial Assistance Agreement.
- ❖ **What are the estimated filing timelines?** The Request for Applications was issued on November 25, 2003 with an initial due date of December 9, 2003. The due date has been extended to December 15, 2003.
- ❖ **If a grant, what period does the grant cover?** January 2004 through June 30, 2005.
- ❖ **When the grant expires, what are funding plans?** Initial plans are for subcontracted staff to develop a collaboration of A&D and Childrens Mental Health services and systems. The collaboration should be self-sustaining.

Continuation also could include services funding that would have to be scaled back or eliminated if funding is not continued.

- ❖ **How will the county indirect and departmental overhead costs be covered?** The County indirect rate of 3.39% will charged to this grant source.


4. **Explain any legal and/or policy issues involved.** None
5. **Explain any citizen and/or other government participation that has or will take place.** None required! Staff have met and coordianted with community based A&D and mental health providers about this application.

Required Signatures:

Department/Agency Director: _____

Date: 12/10/03

Budget Analyst

By: _____

Date: 12/10/03

Dept/Countywide HR

By: _____

Date:

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-6

Est. Start Time: 9:50 AM

Date Submitted: 11/21/03

Requested Date: December 18, 2003

Time Requested: 20 mins

Department: OSCP

Division: OSCP

Contact/s: HC Tupper

Phone: 503-988-3114

Ext.: 83114

I/O Address: 166/200

Presenters: HC Tupper

Agenda Title: Resolution approving the transfer of tax-foreclosed properties to non-profit housing sponsors for low income housing purposes.

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

1. What action are you requesting from the Board? What is the department/agency recommendation?

The Board of County Commissioners is scheduled to conduct a public hearing on the recommendation for disposition of tax foreclosed property for low income housing purposes as detailed in the attachments. Following the receipt of testimony and consideration by Board members, the Board is recommended to transfer 3 properties to applicant non profit housing agencies to foster the development of affordable housing for low income families in our community.

This memo transmits the report from the Affordable Housing Development Program (AHDP) Technical Review Committee. The report includes: a matrix summary of the properties applied for, agency applicants and Technical Review Committee recommendation; an AHDP rating report for each application submitted, and a board resolution for transfer in accordance with the committee recommendations.

2. Please provide sufficient background information for the Board and the public to understand this issue.

The Affordable Housing Development Program is established to consider the use of tax foreclosed property to foster the development of affordable housing serving low-income families in our community. The program is authorized under Chapter 7.405-7.410 of the Multnomah County Code (MCC). These sections of the MCC allow for no-cost transfer of property to non-profit housing sponsors and sets notification, selection, and transfer requirements.

This is the third year the AHDP application has used its revised rules. The minimum term of affordability required from AHDP applicants is 30 years for homeownership projects and 60 years for rental and special needs housing projects. Preference for projects serving very low-income beneficiaries is also built into the new application. The competing agencies responded to the new requirements by producing the most complete and compelling applications reviewed by the current technical review committee.

When the Board of County Commissioners approved the revised application and program rules in 2001, protection of tenant confidentiality and privacy emerged as a major policy concern. In response, the community notification and support category in the application were changed to provide fair program access to agencies providing housing and services to disabled clients. Two of the applicants submitting applications to the Technical Review Committee propose to house special needs tenants. We are carefully trying to balance the fair access and confidentiality of disabled people with the need for neighborhood involvement in publicly supported housing projects.

The committee recommends transfer of 3 properties to 3 different non-profit housing agencies at nominal cost for the purpose of fostering the development of affordable housing. The recommended transfer will result in the development of 11 rental housing units of two and three bedrooms.

All rental units created by this recommendation are affordable to families below 50% of the area median income. The minimum length of affordability is 60 years for the rental housing developed by this recommendation. The rental portion of this recommendation results in a community investment in permanent housing affordability.

Two of the available properties have been recommended for transfer and development as home ownership opportunities for lower income families. A variety of financing mechanisms and restrictions have been employed by the housing sponsors to make the houses affordable to lower income families. Both of properties proposing home ownership projects employ resale restrictions and equity limiting land lease agreements to ensure affordability over a ninety-nine year period. This also has the effect of preserving the subsidy of the County donated land in the form of retained affordability. Two new dwelling units each with 3 bedrooms will be developed for sale under this recommendation. The homeownership projects are being marketed to persons and families that would otherwise not be able to afford to buy a home. The family income of the households projected to benefit from the AHDP supported homeownership projects ranges between 65% - 80% of the area median income.

3. Explain the fiscal impact (current year and ongoing).

The 3 properties recommended for transfer represent a total of \$23,732.00 in unpaid taxes and expenses owed to the county. The county assessor's records report the most recent value of these properties to be \$125,640.00. The recommended recipients for the properties propose to generate \$1,822,705.00 in development funding to carry out the proposed projects. This is a development contribution ratio of almost \$15.00 for every \$1.00 of assessed value.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

4. Explain any legal and/or policy issues involved.

State law permits the Board of County Commissioners to make rules necessary for the administration and disposition of tax foreclosed property. MCC 7.405 – 7.410 provides criteria and time lines for disposition of such property under the procedures of the Affordable Housing Development Program. The recommendation of the technical

review committee for the AHDP is consistent with governing guidelines of the applicable code.

AHDP staff is working with the County Attorney's office to assure the best measures are taken to preserve confidentiality and fair access to the AHDP for disabled persons.

As previously mentioned this year was the third year for the revised AHDP application. The agency responses were complete, careful and competitive. Two of the properties received competing applications. All of the applications received were very compelling. In almost every instance the Committee had to weigh the entire package of benefits each agency brought to bear on the proposed project: from the services provided to the renter or homebuyer, to the financing plan and the actual housing costs it generated, to the affordability of the construction means and methods. Still, the decisions were close and fully debated. All of the competitive applications not recommended for transfer were both feasible and met the AHDP goals. The Technical Review Committee evaluated the proposals using the Board adopted AHDP criteria and its best collective judgment.

ROSE CDC has applied for transfer of a property near the intersection of SE 39th Avenue and Cooper Street. ROSE intends to build a small 3 bedroom for sale to a lower income family with land trust resale restrictions and permanent affordability. Some of the neighbors are opposed to building a house on the small 2485 square foot lot. The neighbors also assert that the tax-foreclosed property notification process did not provide them with the necessary information through which to decide a course of action regarding the property. In April of 2003 the Woodstock neighborhood association was notified of the availability of the tax foreclosed site. Though neighborhood associations are not eligible recipients of foreclosed properties, as the notice explains, neighborhood associations may partner with a government or parks-based non-profit to request properties for greenspaces uses. The neighborhood association looked at the site and determined that it did not fit their needs as a neighborhood park or garden at that time. No provision in the MCC is made to notify the immediate neighbors of the property availability during this stage of the notification process. No specific advice or instructions are given by the County to the neighborhood association to involve the immediate neighbors of the property in such a parks use site review. Both OSCP staff and Commissioner Naito's office have been in contact with the neighbors to fully apprise them of the AHDP disposition and recommendation process and their rights to appear before the Board.

5. Explain any citizen and/or other government participation that has or will take place.

The AHDP policies and administrative procedures were adopted by the Board in a public meeting. All program applicants are required to demonstrate community support for their proposed projects. The county citizen involvement committee has a member on the AHDP review committee. The final hearing was noticed in the local newspaper and is scheduled at a regular public meeting of the Board. Both the Woodstock neighborhood association and interested neighborhood individuals have been notified of the public meeting presenting the AHDP Review Committee recommendations. The need for affordable housing continues to be important to our community. The AHDP conforms to

the principles and priorities stated in the countywide Consolidated Plan of Multnomah County, the City of Portland and the City of Gresham (Housing and Community Development Commission 2000 - 2005).

The technical review committee of the AHDP has appointed representatives from the cities of Portland and Gresham and each of Multnomah County Commissioners. AHDP is a housing strategy supported by the countywide HCDC. Many of the properties recommended for transfer will require participation by the State of Oregon and local foundations for project completion.

Required Signatures:

Department/Agency Director:

Salvador T. Puerto

Date: 11/21/03

Budget Analyst

By: _____

Date:

Dept/Countywide HR

By: _____

Date:

**Multnomah County Affordable Housing Development Program
Technical Review Committee
Membership Roster - 10/01/03**

Philanthropic Organization	Pietro Ferrari Neighborhood Partnership Fund 503-226-3001 X102	1020 SW Taylor, Suite 680 Portland, OR 97205
Banking Industry	Beth Palmer Key Bank 503-795-6024	5330 NE MLK Jr. Blvd. Portland, OR 97211
County Citizen Involvement Committee	Robert L. Jones Bonneville Power Administration 503-230-4030	11923 NE Sacramento St. Portland, OR 97220
City of Portland	Trell Anderson Portland BHCD 503-823-2388	421 SW 6th Ave., Suite 1100 Portland, OR 97204 B166/1100
City of Gresham	Andrée Tremoulet Gresham Community Development 503-618-2643	1333 NW Eastman Pkwy. Gresham, OR 97030
Chair Linn	Diane Luther 503-988-4463	501 SE Hawthorne Blvd., Suite 600 Portland, OR 97214 B503/600
Commissioner Naito	Charlotte Comito 503-988-4576	501 SE Hawthorne Blvd., Suite 600 Portland, OR 97214 B503/600
Commissioner Cruz	Mary Carroll 503-988-5275	501 SE Hawthorne Blvd., Suite 600 Portland, OR 97214 B503/600
Commissioner Roberts	Kristen West 503-988-5213	501 SE Hawthorne Blvd., Suite 600 Portland, OR 97214 B503/600
Commissioner Rojo de Steffey	Shelli Romero 503-988-4435	501 SE Hawthorne Blvd., Suite 600 Portland, OR 97214 B503/600
County CDBG Policy Advisory Board	Johnnie Bell Realtor 503-253-0617	3418 NE 150th Avenue Portland, OR 97230
Staff	HC Tupper – 503-988-3114 County Office of School & Community Partnerships	421 SW 6th Ave., #200 Portland, OR 97204 B166/200

**MULTNOMAH COUNTY
AFFORDABLE HOUSING DEVELOPMENT PROGRAM
Technical Review Committee
Project Ranking Report**

Dated: November 17, 2003

Applicant: ROSE CDC

Neighborhood: Woodstock

Property Location: Near intersection of SE 39th Avenue & Cooper Street, Portland, OR

Legal Description: The East 35 feet of Lot 5, Block 6, REED GARDEN HOMES, in the City of Portland

Tax Account Number: R257281

Description of Project and Proposed Use: Sponsor proposes to build a new three-bedroom single-family residence available for sale to a lower income family. The house will be constructed in partnership with the Portland YouthBuilders. The project will partner with the Portland Community Land Trust, incorporating the equity limiting mechanisms and permanent affordability through resale restrictions. ROSE proposes that prospective buyers finance a \$97,812 first mortgage with a sales price of \$135,522 reduced through a homebuyer grant from the City of Portland BHCD. ROSE will target families at 65% AMI as home buyers for the house.

Property Value: \$3,500.00

Taxes & Costs: \$1,000.00

Committee Recommendation: The Committee recommends approval of this application as described.

Committee Comments: The Committee supports this strong application from ROSE. A compelling partnership between ROSE, Portland YouthBuilders, the Portland Community Land Trust is presented. The home will be made available to a low-income family. Both the agency collaboration and services provided to prospective buyers are persuasive. The proposed development both meets the AHDP homeownership income and affordability term requirements and will be a community asset.

Program Criteria: The ROSE proposal met each of the threshold criteria of the Affordable Housing Development Program

Bonus Point Criteria: The proposal received homeownership bonus points for 99-year affordability.

**MULTNOMAH COUNTY
AFFORDABLE HOUSING DEVELOPMENT PROGRAM
Technical Review Committee
Project Ranking Report**

Dated: November 17, 2003

Applicant: Human Solutions, Inc.

Neighborhood: Powellhurst-Gilbert

Property Location: Adjacent to 2631 SE 133rd Avenue, Portland, OR

Legal Description: Tract in Section 11, Township 1 South, Range 2 East of the Willamette Meridian...(metes and bounds)

Tax Account Number: R334208

Description of Project and Proposed Use: HSI proposes to build 11 new, two and three bedroom rental units to be made available to special needs families. The prospective tenants' incomes will be 30% - 50% or less than the area median income. Each of the tenants will receive case management from HSI and be connected to other necessary services. HSI commits to keeping the building affordable for a period of 60 years. HSI is seeing project based Section 8 Vouchers to accompany all the units of the building. This will allow the very lowest income homeless and special needs families to reside in the apartments. If they can not secure Section 8 funding, HSI intends to pursue tax credit financing from the State and equity gap financing from PDC.

Property Value: \$70,140.00

Taxes & Costs: \$12,899.87

Committee Recommendation: The Committee recommends approval of this application as described.

Committee Comments: The Committee commends this strong application from Human Solutions providing rental housing opportunity for very low-income families. Another very strong proposal was received for this site designed to serve special needs individuals. The Committee concurred with HSI that housing for formerly homeless families with special needs adults and children is a critically unmet need in our region. The HSI proposal described both the need and a services program to address the need that was very persuasive. The Committee lauds the creative idea of trying to purchase the adjacent house to alleviate the access constraints on this difficult to develop site. We hope it works.

Program Criteria: The HSI proposal met each of the threshold criteria of the Affordable Housing Development Program

Bonus Point Criteria: The proposal received bonus points for pledging to families below 50% of the Area Median Income.

MULTNOMAH COUNTY
AFFORDABLE HOUSING DEVELOPMENT PROGRAM
Technical Review Committee
Project Ranking Report

Dated: November 17, 2003

Applicant: Cascadia Behavioral HealthCare, Inc. Neighborhood: Powellhurst-Gilbert
Property Location: Adjacent to 2631 SE 133rd Avenue, Portland, OR
Legal Description: Tract in Section 11, Township 1 South, Range 2 East of the Willamette
Meridian...(metes and bounds)
Tax Account Number: R334208

Description of Project and Proposed Use: Cascadia Behavioral HealthCare Inc., proposes to develop a 15 unit apartment building to house special needs individuals with incomes at 30% AMI or less. The complex would provide 4 studio units, 10 one bedroom units and a two bedroom unit for a resident manager. Cascadia proposes to finance the development by applying for HUD Section 811 funding that would include both construction monies and rental assistance payments. Cascadia has pledged to keep the units as affordable rental property for 60 years. Cascadia proposes to seek easements or rights of way from adjacent property owners to overcome the property access problems.

Property Value: \$70,140.00

Taxes & Costs: \$12,899.87

Committee Recommendation: The Committee recommends denial of this application as described.

Committee Comments: The Committee commends this strong, well-crafted application from Cascadia providing rental housing for special needs individuals. Another strong application was received for this site. The Committee recommends a project housing formerly homeless families with special needs. The committee felt that undertaking a project serving formerly homeless special needs families, a population that is receiving neither much housing funding or support, was the greater need and was the tiebreaker between two very competent proposals. No other projects that we know of are scheduled for construction in mid and east Multnomah County serving homeless special needs families, unlike the pipeline for special needs individuals served by Cascadia as demonstrated by the Midland Commons and West Gresham Apartments projects.

Program Criteria: The Cascadia proposal met each of the threshold criteria of the Affordable Housing Development Program

Bonus Point Criteria: The proposal received rental project bonus points for pledging to keep rents affordable to families at 30% of AMI or less.

MULTNOMAH COUNTY
AFFORDABLE HOUSING DEVELOPMENT PROGRAM
Technical Review Committee
Project Ranking Report

Dated: November 17, 2003

Applicant: HOST Development

Neighborhood: Overlook

Property Location: 1632 North Sumner, Portland, OR

Legal Description: Lot 3, Block 13, RIVERSIDE ADDITION, in the City of Portland

Tax Account Number: R257281

Description of Project and Proposed Use: Sponsor proposes to build a 4-bedroom single family house for sale to families earning 70-80% of the area median income. The development costs of the house are projected to be approximately \$147,500.

The selling price of the house is projected to be approximately \$120,000. HOST will use a line of credit with a local bank for construction loan purposes. HOST proposes to partner with the Portland Community Land Trust to retain the value of the donated property and ensure continued affordability to subsequent home buyers.

Property Value: \$52,000.00

Taxes & Costs: \$9,833.08

Committee Recommendation: The Committee recommends denial of this application as described.

Committee Comments: The Committee commends this strong application from HOST providing home ownership opportunity for low-income families. Another application proposing a similar land trust homeownership model was received for this site. The Committee decided that the competing proposal offered a slightly more affordable product to the buyer and demonstrated specific neighborhood support for the project. With such capable staff as HOST can show, the Committee was unsure why the "consultant" fees shown in the pro forma would be necessary. These fees were in addition to developer's fees and marketing fees to the PCLT.

Program Criteria: The HOST proposal met each of the threshold criteria of the Affordable Housing Development Program

Bonus Point Criteria: The proposal received homeownership bonus points for 99-year affordability and did not receive points for pledging to house very low income persons.

MULTNOMAH COUNTY
AFFORDABLE HOUSING DEVELOPMENT PROGRAM
Technical Review Committee
Project Ranking Report

Dated: November 17, 2003

Applicant: Sabin Community Development Corporation Neighborhood: Overlook
Property Location: 1632 North Sumner, Portland, OR
Legal Description: Lot 3, Block 13, RIVERSIDE ADDITION, in the City of Portland
Tax Account Number: R257281

Description of Project and Proposed Use: Sponsor proposes to build a 3 bedroom single family house for sale to families earning 65-80% of the area median income. The development costs of the house are projected to be approximately \$149,000.

The financial plan to ensure affordability of Sabin CDC housing products includes construction loans from the Institute for Community Economics or a local bank, gap financing from the City of Portland and use of Sabin's own land trust and deed restrictions. The purchase price of the homes is intended not to exceed \$109,500. The project will use Sabin's Land Trust documents, incorporating equity limiting mechanisms and permanent affordability through resale restrictions.

Property Value: \$52,000.00

Taxes & Costs: \$9,833.08

Committee Recommendation: The Committee recommends approval of this application as described.

Committee Comments: The Committee commends this strong application from Sabin providing home ownership opportunity for low-income families. Another application proposing a similar land trust homeownership model was received for this site. The Committee decided that the Sabin proposal offered a slightly more affordable product to the buyer and demonstrated specific neighborhood support for the project. The Committee hopes that keeping developer and consultant fees as low as possible can offer lower ultimate sales prices for low income buyers.

Program Criteria: The Sabin proposal met each of the threshold criteria of the Affordable Housing Development Program

Bonus Point Criteria: The proposal received homeownership bonus points for 99-year affordability and did not receive points for pledging to house very low income persons.

PROPERTY	APPLICANT	PROPOSAL BRIEF	TAXES & EXPENSES	TOTAL PROJECT COSTS	RECOMMENDATION
1. Adjacent to 6804 SE 39th #R253166 \$3,500 - Market Value 2485 S/F	ROSE CDC	New const. 3-bdrm SFR 65% AMI Buyers, Portland Youth Builders PCLT/Homeownership	\$1,000.00	\$135,522.00	Approve Transfer
2. Adjacent to 2631 SE 133rd #R334208 \$70,140 - Market Value 15722 S/F	Human Solutions	New Const. 11 unit rental 9-2 bdrm, 2-3 bdrm units Special needs rental <u>60 yr. Aff. 30-50%AMI</u>	\$12,899.87	\$1,537,183.00	Approve Transfer
	Cascadia BHC	New Const. 14 unit rental 4 studio, 10-1 bdrm, 1- 2bdrm manager, special needs rental <u>60 yr. Aff. 30% AMI</u>		\$1,768,056.00	Deny Transfer
3. Former 1632 N. Sumner #R257281 \$52,000 – Market Value 4250 S/F	Sabin CDC	New const. 4 bdrm SFR 70-80% AMI buyers <u>PCLT/home ownership</u>	\$9,833.08	\$150,000.00	Approve Transfer
	HOST Development	New const. 3- bdrm SFR 65-80% AMI buyers <u>Land Trust/Home ownership</u>		\$150,000.00	Deny Transfer

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Approving the Transfer of Tax-Foreclosed Properties to Non-Profit Housing Sponsors for Low Income Housing Purposes

The Multnomah County Board of Commissioners Finds:

- a. Requests for certain tax-foreclosed properties were received pursuant to procedures set forth in Multnomah County Code §§ 7.400 - 7.410 and the Multnomah County Affordable Housing Development Program.
- b. A public hearing was held before the Board of County Commissioners on December 18, 2003, to determine whether the transfers would serve the public purpose of providing decent and safe low income housing, the Board being fully informed in the matter.

The Multnomah County Board of Commissioners Resolves:

1. The transfer of tax-foreclosed property (recipients and transferred tracts are listed and attached as Exhibit A), for low-income housing is approved subject to the requirements of MCC §§ 7.400 - 7.410 and the County Affordable Housing Development Program.
2. The Chair is authorized to execute all documentation required to complete said transfers.

ADOPTED this 18th day of December, 2003.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

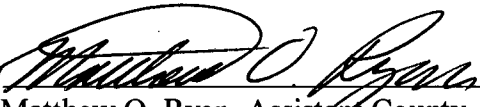
By 
Matthew O. Ryan, Assistant County Attorney

EXHIBIT A

LIST OF TRANSFER PROPERTIES

1. ROSE Community Development Corporation
Legal Description: The East 35 feet of Lot 5, Block 6, REED GARDEN HOMES, in the City of Portland, County of Multnomah and State of Oregon

Address: vacant lot adjacent to 6804 SE 39th Avenue, Portland, OR

Tax Account Number: R253166

Taxes and Costs: \$1,000.00

2. Human Solutions, Inc.
Legal Description: The following described real property situated in Section 11, Township 1 South, Range 2 East of the Willamette Meridian, in the County of Multnomah and State of Oregon:

Beginning at a point on the North and South quarter line through the center of said Section 11 which is South 0°00'20" East 363 feet from the quarter corner on the North line of said Section 11; thence South 0°00'20" East along said North and South quarter line 79 feet; thence North 89°22'40" East 170 feet to the Southwest corner of that tract conveyed by Rex L. Kingston and wife to Gulde & Son, Inc., by deed recorded August 24, 1966 in Book 523, Page 298, Deed Records; thence North 63 feet to the Northwest corner of said Gulde tract; thence East 114 feet to the Northeast corner of said Gulde tract, to the West line of SE 133rd Avenue; thence North 0°00'20" West along the West line of said SE 133rd Avenue 16 feet to the Northeast corner of that tract conveyed to Rex L. Kingston and wife, by deed recorded December 10, 1954 in Book 1695, Page 212, Deed Records; thence South 89°22'40" West 284 feet to the point of beginning.

Address: Vacant lot adjacent to 2631 SE 133rd Avenue, Portland, OR

Tax account number: R334208

3. Sabin Community Development Corporation
Legal Description: Lot 3, Block 3, RIVERSIDE ADDITION, in the City of Portland, County of Multnomah and State of Oregon.

Address: Former 1632 North Sumner Avenue, Portland, OR

Tax Account Number: R257281

Taxes and Costs: \$9,833.08

EXHIBIT A

LIST OF TRANSFER PROPERTIES

1. ROSE Community Development Corporation
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Taxes and Costs: \$1,000.00

2. Human Solutions, Inc.
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Address: Vacant lot adjacent to 2631 SE 133rd Avenue, Portland, OR

Tax account number: R334208

3. Sabin Community Development Corporation
Legal Description: Lot 3, Block 3, RIVERSIDE ADDITION, in the City of Portland, County of Multnomah and State of Oregon.

Address: Former 1632 North Sumner Avenue, Portland, OR

Tax Account Number: R257281

Taxes and Costs: \$9,833.08

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 03-169

Approving the Transfer of Tax-Foreclosed Properties to Non-Profit Housing Sponsors for Low Income Housing Purposes

The Multnomah County Board of Commissioners Finds:

- a. Requests for certain tax-foreclosed properties were received pursuant to procedures set forth in Multnomah County Code §§ 7.400 - 7.410 and the Multnomah County Affordable Housing Development Program.
- b. A public hearing was held before the Board of County Commissioners on December 18, 2003, to determine whether the transfers would serve the public purpose of providing decent and safe low income housing, the Board being fully informed in the matter.

The Multnomah County Board of Commissioners Resolves:

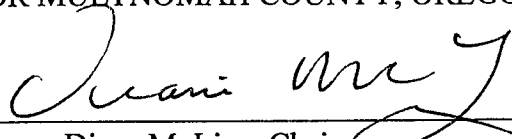
1. The transfer of tax-foreclosed property (recipients and transferred tracts are listed and attached as Exhibit A), for low-income housing is approved subject to the requirements of MCC §§ 7.400 - 7.410 and the County Affordable Housing Development Program.
2. The Chair is authorized to execute all documentation required to complete said transfers.

ADOPTED this 18th day of December, 2003.



REVIEWED:

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Diane M. Linn, Chair

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Matthew O. Ryan, Assistant County Attorney

EXHIBIT A

LIST OF TRANSFER PROPERTIES

1. Human Solutions, Inc.

Legal Description: The following described real property situated in Section 11, Township 1 South, Range 2 East of the Willamette Meridian, in the County of Multnomah and State of Oregon:

Beginning at a point on the North and South quarter line through the center of said Section 11 which is South 0°00'20" East 363 feet from the quarter corner on the North line of said Section 11; thence South 0°00'20" East along said North and South quarter line 79 feet; thence North 89°22'40" East 170 feet to the Southwest corner of that tract conveyed by Rex L. Kingston and wife to Gulde & Son, Inc., by deed recorded August 24, 1966 in Book 523, Page 298, Deed Records; thence North 63 feet to the Northwest corner of said Gulde tract; thence East 114 feet to the Northeast corner of said Gulde tract, to the West line of SE 133rd Avenue; thence North 0°00'20" West along the West line of said SE 133rd Avenue 16 feet to the Northeast corner of that tract conveyed to Rex L. Kingston and wife, by deed recorded December 10, 1954 in Book 1695, Page 212, Deed Records; thence South 89°22'40" West 284 feet to the point of beginning.

Address: Vacant lot adjacent to 2631 SE 133rd Avenue, Portland, OR

Tax account number: R334208

2. Sabin Community Development Corporation

Legal Description: Lot 3, Block 3, RIVERSIDE ADDITION, in the City of Portland, County of Multnomah and State of Oregon.

Address: Former 1632 North Sumner Avenue, Portland, OR

Tax Account Number: R257281

Taxes and Costs: \$9,833,08

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-7

Est. Start Time: 10:00 AM

Date Submitted: 12/08/03

Requested Date: December 18, 2003

Time Requested: 5 to 10 min

Department: Chair's Office, DBCS

Division: Finance, Budget and Tax

Contact/s: Dave Boyer

Phone: 503 988-3903

Ext.: 83903

I/O Address: 503/4

Presenters: Dave Boyer and Agnes Sowle

Agenda Title: Government Expenditure Contract (190 Agreement) 0410555 with Scappoose School District for Sauvie Island School, Providing Reporting Requirements and Administrative Procedures to Account for and Distribute the Multnomah County Personal Income Tax

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approval of the Intergovernmental Agreements with Scappoose School District.
2. **Please provide sufficient background information for the Board and the public to understand this issue.**
 - This Intergovernmental Agreements lay out the administrative procedures to account for and distribute the Multnomah County Personal Income Tax to Scappoose School District to provide funds to the Sauvie Island School. This agreement is similar to the Agreements the Board approved in November for the other County schools.
 - The personal income tax is effective January 1, 2003 and terminates December 31, 2005, and will fund School programs for fiscal years, 2003/2004, 2004/2005 and 2005/2006.

- Funds from the personal income tax will be distributed to County public schools based on the state school funding, per pupil (ADMw), distribution model. The distribution is based on \$618 per ADMw for FY04. The distribution formula will be reviewed and may be changed for subsequent fiscal years.
 - The County has used its best judgment in estimating the amounts that will be available each fiscal year for distribution to the schools. If collections do not meet expectations the County is not responsible to provide funding for the schools.
3. **Explain the fiscal impact (current year and ongoing).** The revenues and expenditures of about \$58,092 are for the Sauvie Island School. This amount is included in the adopted budget.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

4. **Explain any legal and/or policy issues.** Meets the County's legal requirements and is consistent with County policies
5. **Explain any citizen and/or other government participation that has or will take place.** None.

Required Signatures:

Department/Agency Director:



Date: 12/08/03

Budget Analyst

By:

Date:

Dept/Countywide HR

By:

Date:

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☐ Attached ☐ Not Attached

Contract #: 0410555
Amendment #:


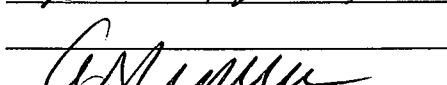
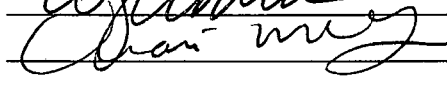
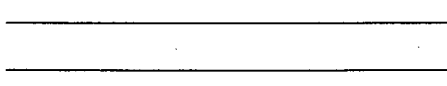
CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input type="checkbox"/> Government Contracts (190 Agreement)
<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue CLASS III B <input checked="" type="checkbox"/> Government Contracts (Non-190 Agreement) <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Interdepartmental Contracts

Department: Finance Budget and Tax Division: Tax Date: Dec 18, 2003
 Originator: Theresa Sullivan Phone: (503) 988-3635 Bldg/Rm: 501/4th floor
 Contact: Dave Boyer Phone: (503) 988-3903 Bldg/Rm: 501/4th floor
 Description of Contract:

RENEWAL: ☐ PREVIOUS CONTRACT #(S): None
 RFP/BID: RFP/BID DATE: N/A
 EXEMPTION #: ORS/AR #:
 Effective DATE: EXPIRATION DATE:
 CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	Scappoose School District		Remittance address	
Address	33589 SE Highschool Way		(If different)	
City/State	Scappoose, Oregon		Payment Schedule / Terms	
ZIP Code	97056		<input type="checkbox"/> Lump Sum \$	<input type="checkbox"/> Due on Receipt
Phone	(503) 543-6374		<input type="checkbox"/> Monthly \$	<input type="checkbox"/> Net 30
Employer ID# or SS#			<input checked="" type="checkbox"/> Other \$	<input type="checkbox"/> Other
Contract Effective Date	July 1, 2003	Term Date	6/30/06	
Amendment Effect Date		New Term Date		
Original Contract Amount	\$250,000		Original Requirements Amount	\$
Total Amt of Previous Amendments	\$		Total Amt of Previous Amendments	\$
Amount of Amendment	\$		Requirements Amount Amendment	\$
Total Amount of Agreement \$	\$250,000		Total Amount of Requirements	\$

REQUIRED SIGNATURES:

Department Manager		DATE	12/18/03
Purchasing Manager		DATE	
County Attorney		DATE	12-10-03
County Chair		DATE	12-19-03
Sheriff		DATE	
Contract Administration		DATE	

COMMENTS:

APPROVED: MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-7 DATE 12-18-03
 DEBORAH L. BOGSTAD, BOARD CLERK

**Multnomah County, Oregon
Scappoose School District No. 1J**

**Multnomah County Personal Income Tax
Intergovernmental Agreement**

THIS AGREEMENT entered into by and between Multnomah County, Oregon, hereinafter "County", and the Scappoose School District No. 1J hereinafter "School District", and is dated _____ 2003.

WITNESSETH, the parties hereto recite the following reasons for entering into this agreement:

- A. On March 13, 2003, the Multnomah County Board of Commissioners passed Resolution 03-037 resolving, in part, to refer a Measure to the voters to impose a personal income tax.
- B. On May 20, 2003, the voters of the County passed a temporary three-year personal income tax, Measure 26-48 "Measure," that will provide an estimated \$128,000,000 to \$135,000,000 each fiscal year in funding for County School Districts, County Programs, Auditing and Collection Costs.
- C. The personal income tax rate is 1.25% on Oregon taxable income after deducting for either single exemptions of \$2,500 or joint exemptions of \$5,000 and is levied on County residents.
- D. The personal income tax is effective January 1, 2003 and terminates December 31, 2005, and will fund School programs for fiscal years, 2003/2004, 2004/2005 and 2005/2006.
- E. The personal income tax is due on April 15 beginning in year 2004 and ending in year 2006.
- F. County Personal Income Tax Administrative Rules allow employers the option to deduct personal income tax withholdings from the paychecks of County residents.
- G. County Personal Income Tax Administrative Rules allow for estimated quarterly payments to be made by County residents.
- H. It is expected that the majority of the tax receipts will be received by the County in April, May and June of each year.
- I. The School District's governing body has statutory authority under ORS 332.072 through 332.111 to administer the instructional and financial programs of the School District. Nothing in this agreement is intended to abrogate this statutory responsibility.
- J. The Measure provides that independent performance audits will be conducted on funds generated by the measure.

NOW THEREFORE, in consideration of the mutual promises contained herein, the parties agree as follows:

- 1. The County has used its best judgment in estimating the amounts that will be available for distribution to the School District.

2. Funds from the personal income tax will be distributed to the School District and the County based on the following table. The distribution split will be reviewed and may be changed based on the outcome of a referendum to rescind the State tax surcharge as it impacts State school funding. The funding level below is considered the base funding level and that the base funding will be increased in FY 2004/2005 and 2005/2006 by the Portland Consumer Price Index for All Urban Consumers (CPI-U) as of February of each year.

	Amount	Percent of Total
County Schools	\$93,327,900	70.5%
County Programs	\$32,000,000	24.2%
Administration	\$7,008,510	5.3%
Total	\$132,336,410	100.0%

3. Funds from the personal income tax will be distributed to School District based on the state school funding, per pupil (ADMw), distribution model. The 2003/2004 distribution is based on \$618 per ADMw. The distribution formula will be reviewed and may be changed for subsequent fiscal years.
4. The County shall apportion to the School District an aggregate amount of .055% of the net personal income tax cash receipts received. The apportionment and distribution to the School District is based on the table below:

	ADMw	Estimated Amount to be Apportioned	Percent of Distribution
Centennial	7,402	\$4,574,436	4.323%
Corbett	720	\$444,960	.420%
David Douglas	10,976	\$6,783,168	6.410%
Gresham-Barlow	12,427	\$7,679,886	7.257%
Parkrose	4,376	\$2,704,368	2.556%
Portland Public	59,178	\$ 36,572,003	34.560%
Reynolds	12,357	\$7,636,626	7.217%
Victory Middle School	137	\$84,666	.080%
Scappoose	94	\$58,092	.055%
Riverdale School District 51J	538	\$332,484	.314%
County Programs	N/A	\$32,000,000	30.240%
Collection & Auditing Costs	N/A	\$6,950,417	6.568%
Total	108,111	\$105,821,107	100.000%

5. The table in Section 4 above may be adjusted each fiscal year based on the state school funding levels, change in ADMw, actual tax collections, either negative or positive, and amounts held in reserve, if any.
6. HB 5077 appropriates \$5.2 billion in state resources to the Department of Education for the 2003/2005 biennium State School Fund. An additional \$100 million may be allocated in 2004/2005 if certain state General Fund and lottery revenue targets are met. The bill reduces the 2004/2005 State School Fund appropriation by \$285 million if the graduated income tax assessment component of the legislature's revenue package (HB2152) is referred by petition to voters and rejected. It reduces the 2004/2005 appropriation by \$414 million if the entire revenue package is referred and rejected. If HB 5077 or any component of HB 5077 is rejected by the voters, the School District agrees to work with the County to

ensure that enough funds are placed in reserve to provide for the services outlined in Section 15 below in the second year of the biennium. It is the intent of this agreement that the School District will receive the three-year aggregate total of the Base Funding reduced by any State appropriation to the Department of Education that exceeds \$4.8 billion in each of the three fiscal years.

7. The County shall distribute funds to the School District as follows:

- a. Distributions of all funds received shall be made by the 5th business day of the month following the County's receipt of cash payments of personal income tax revenue in accordance with the distribution formula in Section 4 and commencing no later than January 8, 2004.
- b. No apportionments or distributions shall be made in any fiscal year until the County receives payments of the personal income tax revenues.
- c. With each payment made to the School District, the County shall provide information including the gross amount collected and the total amount distributed to the School District to date for the fiscal year.

8. If in any fiscal year the actual personal income tax collections do not meet the estimated apportioned amount, or the County reduces the amount of tax collected as set forth in Section 11 below, the School District's apportionment will be reduced in the proportions set forth in Section 4 above and the County is not responsible for making up the difference between the estimated apportioned amount and the actual collections.

9. The County agrees to make reasonable efforts and use best practices in the collection and enforcement of the tax. The County retains the right to provide for amnesty programs or other collection enforcement decisions.

10. If in any fiscal year the actual personal income tax collections exceed the estimated apportioned amount, the County may do any of the following to meet the intent of the Measure:

- a. Place the excess collections in a reserve fund to be distributed to the School District in subsequent years when collections do not meet the estimated apportionment.
- b. Reduce the personal income tax rate to reduce collections in subsequent years.
- c. Rebate excess collections to tax payers.
- d. Distribute all or part of the excess collections in accordance with Section 4.
- e. Implement a combination of a, b, or c above.

11. If the State school funding received by the School District is in excess of the amounts underlying the computation of the tax, the County may do one of the following to meet the intent of the Measure:

- a. Place excess County collections in a reserve fund to be distributed to the School District or County programs, in accordance with the distribution formula in Section 4

above, in the event the State reduces the School funding allocation or funding of County programs in the current or subsequent years.

- b. Increase or decrease the personal income tax rate to adjust for any funding changes made by the State.
 - c. Refund excess collections to tax payers.
 - d. Implement a combination of a, b, or c above.
12. At the end of fiscal year 2005/2006, the County shall retain sufficient tax collection monies to pay for refunds, pay administrative costs or pay for other costs associated with closing the tax out in fiscal year 2006/2007. The County will provide the School District with a complete accounting of the administrative expenses and the close out costs.
13. If at the end of fiscal year 2006/2007 there remains a balance, after all close out expenses are made, the County may rebate the balance to taxpayers or distribute the apportioned share of the balance to the School District.
14. The School District is responsible for obtaining any short-term cash flow funding needs and the County is not responsible for prepaying any of the personal income tax or for assisting the School District in obtaining cash flow Tax Revenue Anticipation Notes.
15. The School District agrees to use the funds for the following services for the Sauvie Island School located in Multnomah County:
- a. To maintain or improve student-teacher ratios.
 - b. To fund programs and services that prepare students for college and the workforce.
 - c. To communicate with citizens about achievement and accounting for the use of these tax dollars.
16. In the event that the Multnomah County Board of Commissioners determines that funds provided to the School District have not been used as specified in paragraph 15 above or that the School District has not complied with any of the terms of this agreement, the County may suspend or terminate additional allocations to the School District. Prior to suspending or terminating the distribution of funds, the County will provide written notice to the School District detailing the non compliance and the School District has 30 days to correct the non compliance by restoring the tax funds with other School District funds or satisfactorily explaining the expenditure to the Board of County Commissioners.
17. This agreement shall take effect upon execution by the parties' duly authorized representatives. This agreement shall be in effect from July 1, 2003 through June 30, 2006 unless one of the following provisions applies:
- a. If the County's personal income tax is repealed, this agreement shall automatically terminate as of the effective date of the repeal.
 - b. The County personal income tax expires and all collections have been distributed.

18. The parties shall comply with all applicable laws in connection with this agreement.
19. No party may assign its rights or obligations under this agreement. No such assignment may affect any rights of the School District without their written concurrence.
20. This agreement may be amended only upon the written concurrence of both parties.

IN WITNESS WHEREOF, the authorized representatives of the County and School District, as parties hereto, acting pursuant to the authority granted to them,

HEREBY AGREED:

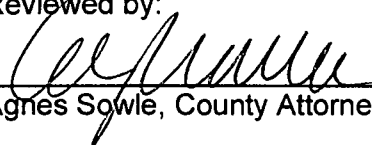
MULTNOMAH COUNTY

By 
Multnomah County Chair

Date signed: 12.18.03

By _____
Superintendent

Date signed: _____

Reviewed by:

Agnes Sowle, County Attorney

Reviewed by:

Attorney for
School District

APPROVED : MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-7 DATE 12.18.03
DEBORAH L. BOGSTAD, BOARD CLERK

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-8

Est. Start Time: 10:05 AM

Date Submitted: 12/10/03

Requested Date: 12/18/03

Time Requested: 10 Minutes

Department: Non-Departmental

Division: Commission District No. 1

Contact/s: Matthew Lashua

Phone: 503 988 5220

Ext.: 85220

I/O Address: 503/600

Presenters: Commissioner Maria Rojo de Steffey

Agenda Title: Resolution Establishing Multnomah County Military Leave Vacation Donation Program

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

- 1. What action are you requesting from the Board? What is the department/agency recommendation?** Approval of a resolution to enact a vacation donation program for County employees called to active military duty.
- 2. Please provide sufficient background information for the Board and the public to understand this issue.** The vacation donation program is intended to provide a means for employees to assist other employees on military leave whose rate of pay while on active duty is less than what they earn in base wages as a County employee. While the County provides this to individuals through the Catastrophic Leave Program, this resolution enables employees on military leave to become eligible to receive donated, pooled hours.
- 3. Explain the fiscal impact (current year and ongoing).** None at this time

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**

- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

If grant application/notice of intent, explain:

- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period does the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

- 4. Explain any legal and/or policy issues involved. None**
- 5. Explain any citizen and/or other government participation that has or will take place. None**

Required Signatures:

Department/Agency Director:



Date: 12/10/03

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Establishing Multnomah County Military Leave Vacation Donation Program

The Multnomah County Board of Commissioners Finds:

- a. The Board of County Commissioners supports Multnomah County's employees and their families who are called to active military duty in service to our country.
- b. There are approximately twelve Multnomah County employees who are on active military duty and receive significantly less pay while on duty than they would in their normal employ.
- c. The Board of County Commissioners would like to help relieve the burden placed on employees who have diminished wages due to active military service.
- d. While there is a Catastrophic Leave Sharing Program in place, there are currently no means to pool donated employee hours and disperse them to employees on active military duty.

The Multnomah County Board of Commissioners Resolves:

1. A Multnomah County Military Leave Vacation Donation Program is established.
2. A permanent County employee on leave, whether voluntarily or involuntarily ordered, to perform active military duty, who has diminished wages due to active military service, is eligible to receive donated vacation hours. This program does not apply to routine training or other similar activities of the National Guard or the military reserves.
3. Employees may voluntarily donate hours of accumulated vacation leave or compensatory time to be dispensed evenly between employees on active military leave who are eligible to participate.
4. Eligibility begins with the passage of this resolution. The implementation date will begin January 1, 2004 and will remain active for six months. The division of Human Resources will review this action in six months and report to the Board for possible continuance at that time.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 03-170

Establishing Multnomah County Military Leave Vacation Donation Program

The Multnomah County Board of Commissioners Finds:

- a. The Board of County Commissioners supports Multnomah County's employees and their families who are called to active military duty in service to our country.
- b. There are approximately twelve Multnomah County employees who are on active military duty and receive significantly less pay while on duty than they would in their normal employ.
- c. The Board of County Commissioners would like to help relieve the burden placed on employees who have diminished wages due to active military service.
- d. While there is a Catastrophic Leave Sharing Program in place, there are currently no means to pool donated employee hours and disperse them to employees on active military duty.

The Multnomah County Board of Commissioners Resolves:

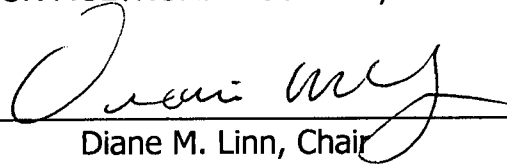
1. A Multnomah County Military Leave Vacation Donation Program is established.
2. A permanent County employee on leave, whether voluntarily or involuntarily ordered, to perform active military duty, who has diminished wages due to active military service, is eligible to receive donated vacation hours. This program does not apply to routine training or other similar activities of the National Guard or the military reserves.
3. Employees may voluntarily donate hours of accumulated vacation leave or compensatory time to be dispensed evenly between employees on active military leave who are eligible to participate.
4. Eligibility begins with the passage of this resolution. The implementation date will begin January 1, 2004 and will remain active for six months. The division of Human Resources will review this action in six months and report to the Board for possible continuance at that time.

5. The Chair will establish procedures to implement and monitor the program and may modify the procedures as necessary to carry out the intent of the Board of Multnomah County Commissioners.

ADOPTED this 18th day of December, 2003.

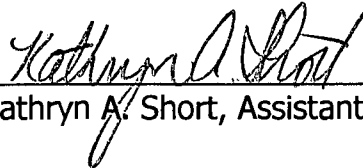


BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Kathryn A. Short, Assistant County Attorney

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-9

Est. Start Time: 10:10 AM

Date Submitted: 11/25/03

Requested Date: December 18, 2003

Time Requested: 1 min

Department: Non-Departmental

Division: Commissioners Cruz, Naito & Roberts

Contacts: Mary Carroll **Phone:** 503.988.5275 **I/O Address:** 503/600
Terri Naito **Phone:** 503.988.4105 **I/O Address:** 503/600
Gary Walker **Phone:** 503.988.5213, ext. 26234 **I/O Address:** 503/600

Presenter: Agnes Sowle

Agenda Title: Third Reading and Possible Adoption of a Proposed ORDINANCE Amending Multnomah County Code Sections 7.101, 7.104 and 7.201 Relating to Board Authority Over Risk Management Fund and County Litigation

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approve Third Reading and Adopt Ordinance
2. **Please provide sufficient background information for the Board and the public to understand this issue.** The Board of County Commissioners will have authority for settlement of general liability claims and litigation against the county or its employees.
3. **Explain the fiscal impact (current year and ongoing).** None

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
 - ❖ What budgets are increased/decreased?
 - ❖ What do the changes accomplish?
 - ❖ Do any personnel actions result from this budget modification? Explain.
 - ❖ Is the revenue one-time-only in nature?
 - ❖ If a grant, what period does the grant cover?
 - ❖ When the grant expires, what are funding plans?
- NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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 Directors:

Lenora Cruz *John Nault*

Lonnie Roberts

Date: 11/24/03

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. _____

Amending MCC Sections 7.101, 7.104 and 7.201 Relating to Board Authority Over Risk Management Fund and County Litigation

(Stricken language is ~~noted~~; double underlined language is new.)

Multnomah County Ordains as follows:

Section 1. MCC Section 7.101 is amended as follows:

§ 7.101 Risk Management Fund.

(A) *General provisions.* The county has a risk management fund (fund) created by the ~~b~~Board separate from the general fund. The fund was created to account for expenditures and reserves associated with the protection of the county's assets, employees, programs and operations. The fund will account for the financing administration of the workers' compensation, general liability, auto liability, property, employee medical/dental benefits, legal services, life insurance, long-term disability, retiree insurance, unemployment and insured and self-insured programs provided for in the county's budget.

(B) *Disbursements.* The following expenditures may be charged to the fund accounts:

- (1) Insurance premiums for county operations;
- (2) Costs and expenses related to administration, investigation, adjustment and litigation of all insured and uninsured claims, and loss arising from the county's operations;
- (3) All costs for repairing and replacing personal property, money, and improvements to real property owned or leased by the county to the extent the county has contractually assumed risk of loss, where such property losses are within the coverage and retention level of insurance coverage carried by the county.
- (4) Assessments, licenses, fees, and bonds related to programs funded under division (A) of this section, required by state law.
- (5) Employee workers' compensation claim expenditures in accordance with applicable statutes.
- (6) County risk management and legal services expenses.
- (7) Loss prevention programs and projects may be funded by the fund if they:
 - (a) Are clearly targeted toward loss control;
 - (b) Reduce the costs of loss immediately;

- or
- (c) Reduce the administrative costs of the risk management program;
 - (d) Are mandated by state or federal law and affect more than one department.

Capital projects are excluded unless specifically approved by the Board.

- (8) County unemployment obligations and related administrative expenditures.
- (9) Employee medical/dental health care claims and insurance claims, health promotion programs, and related administrative expenditures.
- (10) Any other insurance or self-insurance related expenditures as deemed appropriate by the ~~Chair~~ Board within standard budgetary procedures.
- (11) Cost and expenses related to any legal action, matter or proceeding in any court or tribunal when authorized by the ~~Chair, Board, Sheriff or Auditor~~ or delegated by Board resolution.

(C) *Fund reporting.* A report shall be provided annually to the Chair and Board on the financial status of the fund accounts.

(D) *Fund equity and cash balance.*

(1) The fund (equity and cash) balance shall be maintained at a level to pay all claims, premiums, disbursements, reserves and incurred but not reported (IBNR) claims. Amounts shall not be transferred from the fund unless a program defined by division (A) of this section is discontinued without further financial obligation or it is determined by a qualified independent actuary that the funding level may be adjusted.

(2) In order to obtain an exemption from the security deposit requirement under ORS 656.407, the worker's compensation reserves established by the actuarial evaluation performed under division (E) of this section are dedicated for payments of compensation and amounts due the state Director of the Department of Insurance and Finance. The Director of the Department of Insurance shall have first lien and priority rights to the full amount of the worker's compensation funds required to pay the present discounted value of all present and future claims under ORS, Ch. 656.

(E) An actuarial evaluation shall be performed by a qualified independent actuary on the worker's compensation retiree insurance and liability sections of the insurance fund at least once every three years.

Section 2. MCC Section 7.104 is amended as follows:

§ 7.104 Authority.

Authority for settlement of general liability claims and litigation against the county or its employees shall rest with the ~~Chair or the Chair's designee, Board and may be delegated by Board resolution, except that claims arising out of the Sheriff's office shall be settled upon the authority of the Sheriff or the Sheriff's designee~~ except as limited by Sections 6.10 and 6.50 of the Multnomah County Charter.

Section 3. MCC 7.201 is amended as follows:

§ 7.201 Duties.

The County Attorney shall:

- (A) Provide legal advice and counsel to the Board and its various advisory boards, commissions and committees;
- (B) Provide legal advice and counsel to the Chair and all county departments and offices;
- (C) Provide legal advice and counsel to the Sheriff and Auditor;
- (D) Prepare ordinances and other legal documents when requested by a member of the Board, Chair, Sheriff, Auditor or department director;
- (E) Review and approve as to form all written contracts, ordinances, resolutions, Board orders, Chair executive rules, bonds and other legal documents;
- (F) Control and supervise all civil actions and legal proceedings in which the county is a party or has a legal interest;
- (G) Represent and defend the county and its elected officials, boards, commissions, committees, department directors and employees and other persons entitled to representation under the state Tort Claims Act in all appropriate legal matters, unless the county has an insurance policy or indemnification agreement which provides such representation and defense;
- (H) Initiate, defend, appear or appeal any legal action, matter or proceeding in any court or tribunal when requested by the Board, ~~Chair, Sheriff or Auditor~~ or as delegated by Board resolution except as limited by Sections 6.10 and 6.50 of the Multnomah County Charter;
- (I) Submit formal annual report to the Board concerning the status of all legal actions in which the county is a party, and at the request of any elected official report on the status of any legal matter;
- (J) Prepare formal written opinions deemed necessary by the County Attorney regarding significant interpretations of federal and state law, the Charter and ordinances and other documents. Formal opinions may be requested by any county elected official or department

director. Formal opinions shall be official guidance to the county unless superseded by court or administrative decisions, or subsequent legislation or administrative rules;

(K) Maintain custody of records including the office pleadings and other documents of all legal actions, and all County Attorney formal written opinions;

(L) Codify county ordinances as provided by Chapter 1 of this code of ordinances;
and

(M) Employ outside legal counsel on behalf of the county when the County Attorney deems it necessary or appropriate to do so. A majority of the entire Board may also employ outside legal counsel for a specific county matter, and a majority of the entire Board may authorize a Board member, Sheriff, District Attorney or Auditor to retain outside legal counsel to advise the elected county official on a specific county matter. The Board shall specify the amount of the elected official's budget that may be appropriated for this purpose. With these exceptions no county elected official, board, commission, committee, department director or employee shall employ or be represented by counsel other than the County Attorney.

Section 4. This ordinance is effective January 18, 2004.

FIRST READING: December 4, 2003

SECOND READING: December 11, 2003

THIRD READING AND ADOPTION: December 18, 2003

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Agnes Sowle, County Attorney

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. 1024

Amending MCC Sections 7.101, 7.104 and 7.201 Relating to Board Authority Over Risk Management Fund and County Litigation

(Stricken language is ~~noted~~; double underlined language is new.)

Multnomah County Ordains as follows:

Section 1. MCC Section 7.101 is amended as follows:

§ 7.101 Risk Management Fund.

(A) *General provisions.* The county has a risk management fund (fund) created by the ~~h~~Board separate from the general fund. The fund was created to account for expenditures and reserves associated with the protection of the county's assets, employees, programs and operations. The fund will account for the financing administration of the workers' compensation, general liability, auto liability, property, employee medical/dental benefits, legal services, life insurance, long-term disability, retiree insurance, unemployment and insured and self-insured programs provided for in the county's budget.

(B) *Disbursements.* The following expenditures may be charged to the fund accounts:

- (1) Insurance premiums for county operations;
- (2) Costs and expenses related to administration, investigation, adjustment and litigation of all insured and uninsured claims, and loss arising from the county's operations;
- (3) All costs for repairing and replacing personal property, money, and improvements to real property owned or leased by the county to the extent the county has contractually assumed risk of loss, where such property losses are within the coverage and retention level of insurance coverage carried by the county.
- (4) Assessments, licenses, fees, and bonds related to programs funded under division (A) of this section, required by state law.
- (5) Employee workers' compensation claim expenditures in accordance with applicable statutes.
- (6) County risk management and legal services expenses.
- (7) Loss prevention programs and projects may be funded by the fund if they:
 - (a) Are clearly targeted toward loss control;
 - (b) Reduce the costs of loss immediately;

or (c) Reduce the administrative costs of the risk management program;

(d) Are mandated by state or federal law and affect more than one department.

Capital projects are excluded unless specifically approved by the Board.

(8) County unemployment obligations and related administrative expenditures.

(9) Employee medical/dental health care claims and insurance claims, health promotion programs, and related administrative expenditures.

(10) Any other insurance or self-insurance related expenditures as deemed appropriate by the ~~Chair~~ Board within standard budgetary procedures.

(11) Cost and expenses related to any legal action, matter or proceeding in any court or tribunal when authorized by the ~~Chair, Board, Sheriff or Auditor~~ or delegated by Board resolution.

(C) *Fund reporting.* A report shall be provided annually to the Chair and Board on the financial status of the fund accounts.

(D) *Fund equity and cash balance.*

(1) The fund (equity and cash) balance shall be maintained at a level to pay all claims, premiums, disbursements, reserves and incurred but not reported (IBNR) claims. Amounts shall not be transferred from the fund unless a program defined by division (A) of this section is discontinued without further financial obligation or it is determined by a qualified independent actuary that the funding level may be adjusted.

(2) In order to obtain an exemption from the security deposit requirement under ORS 656.407, the worker's compensation reserves established by the actuarial evaluation performed under division (E) of this section are dedicated for payments of compensation and amounts due the state Director of the Department of Insurance and Finance. The Director of the Department of Insurance shall have first lien and priority rights to the full amount of the worker's compensation funds required to pay the present discounted value of all present and future claims under ORS, Ch. 656.

(E) An actuarial evaluation shall be performed by a qualified independent actuary on the worker's compensation retiree insurance and liability sections of the insurance fund at least once every three years.

Section 2. MCC Section 7.104 is amended as follows:

§ 7.104 Authority.

Authority for settlement of general liability claims and litigation against the county or its employees shall rest with the ~~Chair or the Chair's designee, Board and may be delegated by Board resolution, except that claims arising out of the Sheriff's office shall be settled upon the authority of the Sheriff or the Sheriff's designee except as limited by Sections 6.10 and 6.50 of the Multnomah County Charter.~~

Section 3. MCC 7.201 is amended as follows:

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The County Attorney shall:

- (A) Provide legal advice and counsel to the Board and its various advisory boards, commissions and committees;
- (B) Provide legal advice and counsel to the Chair and all county departments and offices;
- (C) Provide legal advice and counsel to the Sheriff and Auditor;
- (D) Prepare ordinances and other legal documents when requested by a member of the Board, Chair, Sheriff, Auditor or department director;
- (E) Review and approve as to form all written contracts, ordinances, resolutions, Board orders, Chair executive rules, bonds and other legal documents;
- (F) Control and supervise all civil actions and legal proceedings in which the county is a party or has a legal interest;
- (G) Represent and defend the county and its elected officials, boards, commissions, committees, department directors and employees and other persons entitled to representation under the state Tort Claims Act in all appropriate legal matters, unless the county has an insurance policy or indemnification agreement which provides such representation and defense;
- (H) Initiate, defend, appear or appeal any legal action, matter or proceeding in any court or tribunal when requested by the Board, ~~Chair, Sheriff or Auditor~~ or as delegated by Board resolution except as limited by Sections 6.10 and 6.50 of the Multnomah County Charter;
- (I) Submit formal annual report to the Board concerning the status of all legal actions in which the county is a party, and at the request of any elected official report on the status of any legal matter;
- (J) Prepare formal written opinions deemed necessary by the County Attorney regarding significant interpretations of federal and state law, the Charter and ordinances and other documents. Formal opinions may be requested by any county elected official or department

director. Formal opinions shall be official guidance to the county unless superseded by court or administrative decisions, or subsequent legislation or administrative rules;

(K) Maintain custody of records including the office pleadings and other documents of all legal actions, and all County Attorney formal written opinions;

(L) Codify county ordinances as provided by Chapter 1 of this code of ordinances;
and

(M) Employ outside legal counsel on behalf of the county when the County Attorney deems it necessary or appropriate to do so. A majority of the entire Board may also employ outside legal counsel for a specific county matter, and a majority of the entire Board may authorize a Board member, Sheriff, District Attorney or Auditor to retain outside legal counsel to advise the elected county official on a specific county matter. The Board shall specify the amount of the elected official's budget that may be appropriated for this purpose. With these exceptions no county elected official, board, commission, committee, department director or employee shall employ or be represented by counsel other than the County Attorney.

Section 4. This ordinance is effective January 18, 2004.

FIRST READING:

December 4, 2003

SECOND READING:

December 11, 2003

THIRD READING AND ADOPTION:

December 18, 2003



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn
Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By *Agnes Sowle*
Agnes Sowle, County Attorney

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: R-10

Est. Start Time: 10:15 AM

Date Submitted: 11/25/03

Requested Date: December 18, 2003

Time Requested: 5 mins

Department: Non-Departmental

Division: Commissioners Cruz, Naito & Roberts

Contacts: Mary Carroll **Phone:** 503.988.5275 **I/O Address:** 503/600
Terri Naito **Phone:** 503.988.4105 **I/O Address:** 503/600
Gary Walker **Phone:** 503.988.5213, ext. 26234 **I/O Address:** 503/600

Presenter: Agnes Sowle

Agenda Title: RESOLUTION: Delegation of Authority to Make Expenditures from the Risk Management Fund, Settle Claims Against the County, and Settle County Litigation

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

-
1. **What action are you requesting from the Board? What is the department/agency recommendation?** Approval of resolution
 2. **Please provide sufficient background information for the Board and the public to understand this issue.** The Board of County Commissioners delegates to the County Attorney the authority to defend or appear in any legal action when requested by the Board, Chair, Sheriff or Auditor. The County Attorney may settle claims and litigation against the County or its employees in amounts up to \$25,000 per case.
 3. **Explain the fiscal impact (current year and ongoing).** None

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:

- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:

- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

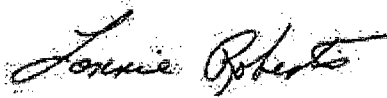
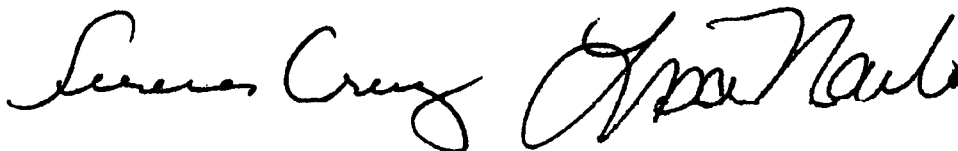
If grant application/notice of intent, explain:

- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

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 Directors:



Date: 11/24/03

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Delegation of Authority to Make Expenditures from the Risk Management Fund, Settle Claims Against the County, and Settle County Litigation

The Multnomah County Board of Commissioners Finds:

- a. The County has a Risk Management Fund. The purpose of this fund is to account for expenditures and reserves for the protection of County assets, employees, programs and operations.
- b. The County Attorney provides legal services for the County, represents its officials and employees, and controls and supervises all civil actions and legal proceedings in which the County is a party or has a legal interest.
- c. MCC 7.101(B)(11) allows disbursements from the Risk Management Fund for litigation costs and expenses when authorized by the Board or delegated by Board resolution.
- d. MCC 7.104 states that authority over settlement of claims and litigation against the County or its employees rests with the Board or as delegated by Board resolution.
- e. MCC 7.201(H) provides that the County Attorney shall initiate, defend, appear or appeal any legal action when requested by the Board or delegated by Board resolution.
- f. The Chair has previously delegated authority to the County Attorney to settle claims and litigation.

The Multnomah County Board of Commissioners Resolves:

1. The County Attorney is delegated authority to defend or appear in any legal action, matter or proceeding in any court or tribunal when requested by the Board, Chair, Sheriff or Auditor.
2. The County Attorney is delegated authority to initiate or appeal any legal action, matter or proceeding in any court or tribunal when approved by the Board.
3. The County Attorney is delegated authority to approve disbursements from the Risk Management Fund within budget appropriations for the following purposes:
 - A. costs and expenses related to County tort litigation;
 - B. costs and expenses related to County non-tort litigation;
 - C. outside legal counsel retained under MCC 7.201(M).

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 03-171

Delegation of Authority to Make Expenditures from the Risk Management Fund, Settle Claims Against the County, and Settle County Litigation

The Multnomah County Board of Commissioners Finds:

- a. The County has a Risk Management Fund. The purpose of this fund is to account for expenditures and reserves for the protection of County assets, employees, programs and operations.
- b. The County Attorney provides legal services for the County, represents its officials and employees, and controls and supervises all civil actions and legal proceedings in which the County is a party or has a legal interest.
- c. MCC 7.101(B)(11) allows disbursements from the Risk Management Fund for litigation costs and expenses when authorized by the Board or delegated by Board resolution.
- d. MCC 7.104 states that authority over settlement of claims and litigation against the County or its employees rests with the Board or as delegated by Board resolution.
- e. MCC 7.201(H) provides that the County Attorney shall initiate, defend, appear or appeal any legal action when requested by the Board or delegated by Board resolution.
- f. The Chair has previously delegated authority to the County Attorney to settle claims and litigation.

The Multnomah County Board of Commissioners Resolves:

1. The County Attorney is delegated authority to defend or appear in any legal action, matter or proceeding in any court or tribunal when requested by the Board, Chair, Sheriff or Auditor.
2. The County Attorney is delegated authority to initiate or appeal any legal action, matter or proceeding in any court or tribunal when approved by the Board.
3. The County Attorney is delegated authority to approve disbursements from the Risk Management Fund within budget appropriations for the following purposes:
 - A. costs and expenses related to County tort litigation;
 - B. costs and expenses related to County non-tort litigation;
 - C. outside legal counsel retained under MCC 7.201(M).

4. The County Attorney is delegated authority to settle claims and litigation against the County or its employees in amounts up to \$25,000 per case. The County Attorney must obtain Board approval for all settlements of over \$25,000.
5. A work group is directed to research the delegation of authority of other jurisdictions and to make recommendations to the Board on possible additional delegation of authority concerning the risk fund and County litigation. The work group will be headed by a District Four representative and will include representatives from each elected official's office and the County Attorney's office. The work group will present its recommendations within six months of the effective date of this resolution.
6. This resolution takes effect on January 18, 2004.

ADOPTED this 18th day of December, 2003



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Diane M. Linn, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By

Agnes Sowle, County Attorney

AGENDA PLACEMENT REQUEST

BUD MOD #:

Board Clerk Use Only:

Meeting Date: December 18, 2003

Agenda Item #: B-1

Est. Start Time: 10:15 AM

Date Submitted: 12/10/03

Requested Date: 12/18/03

Time Requested: 30 minutes

Department: Non-Departmental

Division: Chair's Office

Contact/s: Becca Uherbelau

Phone: 503-988-5273

Ext.: 85273

I/O Address: 503/600

Presenters: Becca Uherbelau, Sonali Balajee, Mary Li, Janet Bowman

Agenda Title: 211/Information and Referral Briefing

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

1. **What action are you requesting from the Board? What is the department/agency recommendation?** N/A
2. **Please provide sufficient background information for the Board and the public to understand this issue.** See Attached
3. **Explain the fiscal impact (current year and ongoing).** N/A

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain: N/A

- ❖ **What revenue is being changed and why?** N/A
- ❖ **What budgets are increased/decreased?** N/A
- ❖ **What do the changes accomplish?** N/A
- ❖ **Do any personnel actions result from this budget modification? Explain.**
N/A

- ❖ Is the revenue one-time-only in nature? N/A
 - ❖ If a grant, what period does the grant cover? N/A
 - ❖ When the grant expires, what are funding plans? N/A
- NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

If a contingency request, explain: N/A

- ❖ Why was the expenditure not included in the annual budget process? N/A
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure? N/A
- ❖ Why are no other department/agency fund sources available? N/A
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
N/A
- ❖ Has this request been made before? When? What was the outcome? N/A

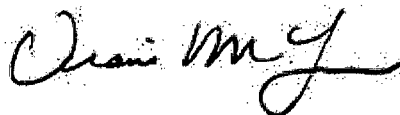
If grant application/notice of intent, explain: N/A

- ❖ Who is the granting agency? N/A
- ❖ Specify grant requirements and goals. N/A
- ❖ Explain grant funding detail – is this a one time only or long term commitment? N/A
- ❖ What are the estimated filing timelines? N/A
- ❖ If a grant, what period does the grant cover? N/A
- ❖ When the grant expires, what are funding plans? N/A
- ❖ How will the county indirect and departmental overhead costs be covered? N/A

4. **Explain any legal and/or policy issues involved.** The Board briefing will provide the Board an opportunity to review a data and analysis as well as a draft policy recommendation that the countywide 211/I&R committee will then turn into a Resolution setting the county's policy course for Information and Referral functions. The Resolution will be brought to the Board at a later date following community and employee input on the draft policy recommendation.
5. **Explain any citizen and/or other government participation that has or will take place.** 211 Info, the region effort lead by the United Way, is in the process of coordinating with the four county region. Washington, Clackamas, Clark and Multnomah are included in 211 Info's service area. The State of Oregon is also involved and has been following the regional effort. Additionally, the United Way and the Multnomah Commission on Children, Families and Community conducted a community education forum in which they provided information to members of the public and the provider community about 211 and the county's workgroup and study.

Required Signatures:

Department/Agency Director: _____



Date: 12/10/03

I. Introduction

Service to the public is Multnomah County's primary function - especially now when so many in our community are looking to access resources. Making information and access to services easier is critically important to the jurisdiction and the people we serve.

There is a national effort called "2-1-1" to coordinate health and human services Information and Referral functions (both public and non-profit) into a comprehensive system with an end goal to deliver consistent, quality service to communities.

Currently the United Way of the Columbia Willamette is facilitating the regional 2-1-1 discussion, building the model, researching and inventorying disparate I&R systems, and exploring funding options.

II. Background

In the summer of 2003, Chair Diane Linn convened an internal County workgroup, representing all departments to review current County internal and contracted information and referral services (I&R) to determine what the county's current I&R functions are, what role the County may play in the regional 2-1-1 effort, and how the County and the public can benefit from this effort.

III. Workgroup Charge

The County workgroup was charged with gathering data and producing a detailed, accurate, up-to-date report of the I&R services the County provides and contracts for. The workgroup has been called the 2-1-1 countywide I&R workgroup as the recent regional 2-1-1 effort is what inspired the group's forming.

Additionally, the group was charged with drafting a set of value statements and goals for county supported I&R functions. Using the goals and guidelines set in the value statements, the workgroup drafted this policy recommendation to be brought to the Chair and Board of Commissioners that will include recommendations of how we can conduct I&R functions internally better, what the County's relationship should be to 2-1-1, and how the County can connect to the larger 2-1-1 effort state-wide and nation-wide.

IV. Description of 2-1-1

What is 2-1-1?

2-1-1 is an abbreviated phone number for health and human service information and referral (I&R) designated by the FCC in July 2000. 2-1-1 is an easy to remember and universally recognized number that connects individuals in need with appropriate community-based services. 2-1-1 is designed to provide appropriate assessment and information and referral to community services such as housing as well as volunteer opportunities.

Why 2-1-1?

9-1-1 is a universally recognized number for emergency services and is viewed as indispensable. However, if one is in need of emergency services such as housing, food or health care, finding help is a daunting task. Often the white pages of a phone book are the first stop of what can then be a maze to the "right" number. 2-1-1 offers streamlined access to existing services and can serve to eliminate confusing and frustrating searches for critical information through the ease of recall for a three digit number rather than guessing at the correct ten digit number to try based on county, need, etc. In addition, 2-1-1 then stores an efficient and accurate database of current community resources as well as serves to track gaps in services for various community needs.

National 2-1-1 effort (for more information, visit www.2-1-1.org):

As of October 2003, there were 81 2-1-1 centers in 22 states. Today, over 23% of American's have access to community I&R via a 2-1-1 number. The goal of 2-1-1 nationally is to assure 2-1-1 access to at least 50% of Americans by 2005. In 2002, 2-1-1 was included in the Public Health and Social Services Emergency Fund as an appropriate use of funds to address state and local bioterrorism preparedness and response. In September 2003, 211 was introduced in Congress. This bill (HR 3111, S 1630) would contribute \$200 million to 211 efforts.

State 2-1-1 effort (Oregon 2-1-1):

In December 2000 an informational meeting was held in Salem, Oregon to determine if there was a basis of support to begin a process leading to implementation of a 2-1-1 system in Oregon. The meeting was attended by 50 interested parties and consensus was reached to proceed.

Since that time OR2-1-1 Coalition volunteers have built a state-wide, grassroots coalition of service providers, local and state agencies, statewide networks and interested individuals with the intention of developing and implementing a comprehensive 211 system.

In July 2002 the OR211 Coalition authorized formation of the OR211 Steering Committee to guide planning and implementation efforts. The Steering Committee was formed as a result of time and distance issues that limited members ability to attend meetings and then need to bring each new meeting group "up to speed" on the entire project before work could proceed. The Steering Committee is comprised of representatives of the following groups:

- NW-AIRS
- United Way of Oregon
- Community Action directors of Oregon
- Oregon Child Care Resource and Referral Network
- Oregon Telecommunications Association
- Oregon Department of Human Services
- Oregon Housing & Community Services
- Oregon Department of Corrections
- Oregon 911 Managers Association

Two grants have been secured for statewide development work. The first was received by the Bill and Melinda Gates Foundation and was a 50% match grant of \$450,000. The core partners,

which included the Alliance of Information and Referral Systems (AIRS), NW AIRS, WIN 211, OR 211 and the United Way of the Columbia Willamette, successfully raised \$225,000 thus securing the full award. In Oregon, this grant supports the OR 211 Program Manager, development of the Oregon Business Plan, the metro regional business plan and certification of local I&R staff as well as AIRS accreditation for the metro area project. The second grant builds on the bi-state development efforts and was received from the United Way of America. This award for \$100,000 is shared between Oregon and Washington 211 organizations and will provide technology funds as well as funds to develop replicable tools to be shared with rural parts of both states.

The key outcome for Oregon 211 development work in the next six months, is the completion of the Oregon Business Plan. That effort formerly kicked off October 8, 2003, in Corvallis with the OR211 Business Planning Retreat. Six workgroups have been identified and charged (System Design, Database, Quality Assurance, Telecommunications/Telephony, Marketing and Brand Management, and Policy and Funding) with laying the foundation for the Plan. Once drafted there will be a series of outreach meetings across the state to present and revise the plan that will outline implementation strategy, identifying processes for decision making, proposing a strategy for system oversight, and developing criteria for allocation of the 2-1-1 designation.

Once the business plan and the outreach phase are completed, 2-1-1 will be moving into the implementation phase. The Portland metro area serves as the pilot project for the State of Oregon. Implementation in the four county area is slated for mid 2004. Efforts will focus on local capacity building, business planning, and quality assurance plans leading to the assignment of the 2-1-1 calling designation. It is currently anticipated that 2-1-1 will go live in all or parts of Oregon sometime in 2004. The target date will be set once the state business planning process is complete.

Regional 2-1-1 effort:

In the four-county region, there is currently no single source available by phone, night and day, where people can access health and human service information and get advice on where next to turn.

Building on a model developed by United Way of Greater Atlanta in 1997, United Way of the Columbia-Willamette is bringing a 2-1-1 information and referral system to the Portland/Vancouver metropolitan area. When it becomes available, 2-1-1 is the only number clients will need to dial 24-hours/day, 7 days/week, to get information about services available. Due to National 211 standards, the local call center will be AIRS Accredited and will be staffed by highly trained professionals skilled in helping people cope with a difficult situation and in the sharing of information that is accurate and up-to-date.

Over the last six months and for the next 12 months, United Way of the Columbia-Willamette will work with five local I&R centers to update and centralize information, and develop and implement a working model for a 2-1-1 system. United Way of the Columbia-Willamette has dedicated a portion of Focus Funding resources during 2002-2003 to lead a collaborative effort that results in the design, development and ultimate implementation of a 2-1-1 Information and Referral system in Clackamas, Multnomah, Washington and Clark counties.

United Way is leading the development of many of the 2-1-1 systems nationwide. Washington is also working toward developing 2-1-1 systems that are statewide. Where 2-1-1 systems have been implemented, caller volume has increased 40% in the first year of operation.

Currently in the four County area:

GuideLine, Inc.: (private, non-profit covering Multnomah Co. geographic area) will host the 2-1-1 Call Center.

Clark County Human Services Council I&R has merged with Guideline and relocated to Portland as part of the 2-1-1 effort (funded in part with Clark County general fund dollars, CSBG funds and United Way funds).

Clackamas County I&R will do training and quality assurance (current service funded by the county and is operated as a county function --\$180,000 from county for I&R functions).

Washington County Community Action Organization I&R will manage and merge the computerized resource database.

Information and Referral in Multnomah County:

Multnomah County directly operates some specialty I&R services, and contracts with others, to serve the needs of citizens. It is envisioned that existing County I&R services will enter into Memoranda of Understanding with 2-1-1 to establish when a call should be handled by 2-1-1, and when it should be transferred to a specialty I&R. During the Workgroup's site visit to the 2-1-1 Idaho call center in Boise, Idaho, Pat Williams, director of Careline/2-1-1 operations, had this observation about the relationship of 2-1-1 to specialty I&R providers: "When you try to be all things to all people, you lose quality. We are a funnel to get people to these specialty lines if they didn't call there in the first place. It is unreasonable to expect one line to maintain that level of expertise in all subjects."

Local trends impacting the demand for 2-1-1:

- In Oregon, a low-income household (earning \$14,921 or 30% of the Area Median Income of \$49,736) can afford monthly rent of no more than \$373 when the Fair Market Rent for a 2 bedroom unit is \$685
- 59% of the minimum wage earners are women and 25% are single mothers.
- Oregon's hunger rate is nearly twice the national average.
- Low-income working families who formerly relied on welfare still can't make ends meet, and continue to rely on basic health and human services.
- Given our current economy and funding constraints, government services have suffered reductions. The County may have fewer programs, with reduced capacity, to serve those who call. This could result in greater frustration for those whose needs remain unmet, or a perception that government is not responsive.
- By November 2001, one in every 10 Oregonians received food stamps and Oregon's unemployment rate was the highest in the nation.

Of the 50 million I&R calls received nationally each year, over 50% are in relation to unmet basic needs such as:

Food	Employment
Housing	Transportation
Health care	

V. Process and Timeline

The county workgroup met on a regular basis – at least twice monthly for six months and has been working diligently to meet an aggressive timeline, conduct and review research and community surveys, and develop a proposed policy recommendation to the Chair and the Board.

The workgroup conducted an initial survey of county employees and a more in-depth, extensive survey of departments, divisions and community partners that conduct I&R as one of their primary functions.

Additionally, on September 23, we held two County employee work sessions to share information on the regional 2-1-1 effort and answer any questions regarding the county workgroup's plans and actions. Key questions and comments were:

- We need more training for partner agencies to ask for 2-1-1 referrals.
- How do you deal with increased access and services as a result of a successful 2-1-1 effort?
- Who controls the information and data?
- 2-1-1 can document gaps in services. We can make use of this to chart unmet needs in our community.

On October 9, United Way and the Multnomah County's Commission on Children, Families, and Communities sponsored a community forum for interested providers and the community at large. Over 40 people attended discussing their hopes and fears around the implementation of 2-1-1, what types of barriers they saw to its start-up and maintenance, and areas they saw value-added by the service. Significant points mentioned in each of the categories are as follows:

- **HOPES:**
 - *2-1-1 will increase access to services.
 - *2-1-1 will replace outdated services.
 - *Consumers will receive better services over all.
 - *This is a great opportunity to build partnership/resources amongst providers.
- **FEARS:**
 - *2-1-1 will take the place of existing emergency information numbers.
 - *Providers and their services will get lost in such a system.
 - *This won't meet the many needs of those speaking other languages than English.
 - *The information won't stay updated.
 - *Existing systems that provide services will be undermined or dismantled to fund this.
- **HOW 2-1-1 WILL ADD VALUE:**
 - *2-1-1 will increase appropriate referrals and efficiency. Only one call needs to be made.
 - *The system can provide more access for non-English-speaking clientele.
 - *2-1-1 will decrease staff and client frustration by removing as many 'dead ends' as possible.
- **CHALLENGES/BARRIERS TO FACE:**
 - *It's such a small system—smaller specialty services and other community resources might get lost.
 - *There is a lack of public trust, and fear of change.
 - *Adequate funding might be hard to secure.

*We need more languages than English.

Three members of the workgroup, one contracted social service provider, and two additional members from a County department (DSCP) were able to attend a field trip to Boise, Idaho, to visit the 2-1-1 Idaho site. There, the visitors were able to spend time at a call center, talk to funders and those who participated in the writing of 2-1-1 contracts, and to social service providers involved in the effort. Participants then reported back to the workgroup, sharing what they learned, and hoped to utilize in the creation and writing of the Policy Recommendation.

Key comments include:

- 2-1-1 did not replace existing specialized I/R providers, it provided immediate connections to the specialized providers who then were able to focus their time with the callers accessing available services.
- Updating the 2-1-1 database has been challenging. There is not enough staff available to update it more than on an annual basis.
- 2-1-1 in Boise has state funding.

The workgroup has analyzed the research done at this site visit, and the data gathered from the community forums. Community feedback and input will be used to guide the creation of any specific Policy Recommendations.

The county workgroup intends to take the draft policy back out to the community and county employees for review, feedback and dialogue prior to submitting a final version of the group's recommendation to the Chair and the Board.

The current timeline is as follows:

August 20, 2003	Group to report back on "homework" assignment Review and Approve Purpose of Committee, Timeline, etc. Draft second survey phase (including an opportunity for public input)
August 27, 2003	Approve second survey phase
September 3, 2003	Present to Cabinet/Executive Team
September 4, 2003	Implement second survey phase
September 23, 2003	Hold two informal county employee information / Q&A sessions at Multnomah Building
September 30	Complete Data Collection for second survey phase
October 3, 2003	Finalize financial data (e.g. what funding stream is tied to what I&R service, department budget impacts, etc.)
October 9, 2003	Community Forums for community at-large and contracted social Providers R-1-1; sponsored by CCFC and United Way
October 29-30, 2003	Possible 2-1-1 site visit and review data (including result of 2-1-1 Info community outreach meetings) and draft value statements

November 10 to December 3, 2003	Discuss and begin drafting policy recommendation
December 18, 2003	Board Briefing
Mid-January	Public input on Draft Policy Recommendation Resolution
Late January	Present final draft of Policy Recommendation Resolution to Board of County Commissioners

VI. Recommendations

1. Statement of County I&R Values

The workgroup developed and employed some guiding principals and values throughout the process. In reviewing and discussion data, current functions, and future recommendations, the group was guided by the following values:

- *Eliminate duplication with in the county*
- *Improve quality of services for the consumer/client/public*
- *Develop a comprehensive, seamless system (one-stop-shopping) for Multnomah County services*
- *Cost efficiency – At every opportunity, the group should look to potential savings for the county*
- *Citizen focus*

2. Definition of I&R:

The workgroup recommends the Board adopt the following definition of a comprehensive I&R system, in alignment with AIRS national certification standards:

“Comprehensive I&R services maintain and/or supply descriptive information about human service resources in the community, linking people who need assistance with appropriate service providers, supplying descriptive information about the agencies and organizations that offer those services and functioning as the primary source of information about and linkage with human services providers in their community.”

I&R services may be comprehensive, covering the whole range of human services or may specialize in resources for a particular population, e.g., people who are homeless, people with disabilities, older adults, people with AIDS.

Information can range from a limited response (such as an organization's name, telephone number, and address) to detailed data about community service systems (such as explaining how a group intake system works for a particular agency), agency policies, and procedures for

application. Specifically, specially trained and certified staff meeting agreed-upon standards provide such services.

The I&R process involves:

- Establishing contact with the individual;
- Identifying the individual's short-term needs;
- Identifying potential resources to meet those needs;
- Providing a referral to those identified resources; and
- Where appropriate, following up to ensure that the individual's needs have been met.

Responses to requests for general information about services and their eligibility requirements should primarily be the responsibility of 2-1-1.

Responses to needs for specific specialized services and in-depth problem solving should be a shared responsibility between 2-1-1 and other service access providers negotiated through prior formal agreements.

Determining service appropriateness and approving entry into services should be the sole responsibility of a specific service provider, never 2-1-1.

3. Definition of I&R Functions

For the purposes of this report, the workgroup recommends that I&R functions be defined as follows:

- Telephone availability; information gathering and giving
- Referrals to appropriate services
- Prescreening for service needs
- Maintenance of available services inventory list and data base
- Initial screening for service eligibility
- Emergency services: access to housing vouchers, food boxes, and other one-time-only services
- Referral, and linkages to services, supports, and advocacy
- Crisis response

These functions are identified as those most appropriate to be provided through 2-1-1.

4. Definition of Service Access

For the purposes of this report, service access functions are defined as follows:

- Assessment for service eligibility
- Advocacy on behalf of consumers
- Walk-in availability; information gathering and giving
- Access to on-site telephone/computer resources

These functions are identified as those most appropriate to be provided through services efforts outside of 2-1-1.

5. Definition of I&R System

The workgroup recommends the Board adopt the following definition of a comprehensive I&R system, in alignment with AIRS national certification standards:

“A collaborative group of local comprehensive and specialized, culturally appropriate services that have agreed to coordinate their resource maintenance, service delivery, publicity and other functions in order to improve access to available services, avoid duplication of effort, encourage service integration, and provide seamless access to information about community resources for people who need it.”

Agenda for 211/I&R Board Briefing

- | | | |
|------|--|------------------------|
| I. | Opening | Wendy Lebow |
| II. | Oregon Helps | Van Le & Kelly Huotari |
| III. | 211 Info | Liesl Wendt |
| IV. | County Committee | Sonali Balajee |
| | a. Background | |
| | b. Committee Charge | |
| | c. Timeline | |
| | d. Process | |
| V. | County Committee | Mary Li |
| | a. Value Statements & Definitions | |
| | b. Policy Direction and Board Resolution | |

BOGSTAD Deborah L

From: HAWKINS Janet C
Sent: Wednesday, December 17, 2003 10:51 AM
To: BOGSTAD Deborah L
Cc: HUOTARI Kelly A
Subject: OregonHelps! Website

Hi Deb:

Here is the web address for OregonHelps! per your conversation with Kelly.

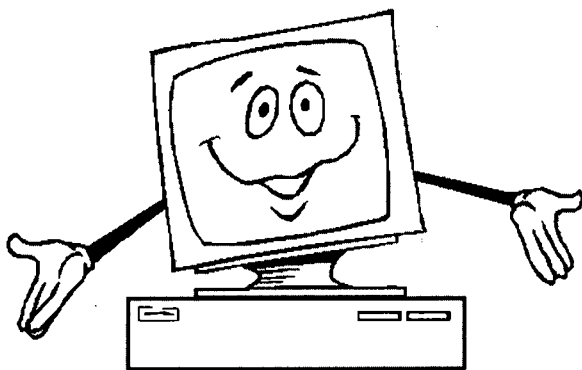
www.oregonhelps.org

Thanks Janet
x83707

Oregon Helps: Now Showing At A Computer Near You

Now you can use the web to find out if you can get help from **Food Stamps** and other programs that offer:

- Food
- Housing
- Health insurance
- Tax credits
- Cash assistance for families with children



Visit

www.oregonhelps.org

today to find out what help
you might qualify for!

AFS 9207 (08/02)

**Food Stamps:
You'd be surprised who qualifies!**

USDA is an equal opportunity provider and employer.

Oregon Helps: Ahora Presentándose En Una Computadora Cerca De Usted

Ahora puede usar la red para enterarse si usted puede recibir ayuda de **Estampillas de Comida** y de otros programas que ofrecen:

- Comida ➤ Vivienda
- Seguro de salud ➤ Créditos de impuestos
- Ayuda en efectivo para familias con hijos

Visite **www.oregonhelps.org** hoy mismo ¡para enterarse para cuál ayuda **usted** podría calificar!

Spanish AFS 9207 (08/02)

Oregon Helps: Сейчас Это Можно Найти На Компьютере

Сейчас Вы можете воспользоваться интерне-том, чтобы узнать, можете ли Вы получить помощь программы по **Продовольственным Талонам** или других програм, предлагающих:

- Пищу ➤ Жилье ➤ Медицинское Страхование
- Кредиты для налогов
- Денежное пособие для семей с детьми

Обратитесь к **www.oregonhelps.org** сегодня же, чтобы узнать, какой вид помощи **ВЫ** можете получить!

Russian AFS 9207 (08/02)

Oregon Helps: Nay Được Trình Bày Trên Điện Toán Gần Quý Vị

Bây giờ quý vị có thể vào mạng lưới điện toán để tìm hiểu quý vị có được hưởng các dịch vụ trợ giúp của chương trình **Phiếu Thực Phẩm** và các chương trình khác cung cấp dịch vụ về:

- Thực phẩm ➤ Gia cư
- Bảo hiểm y tế ➤ Giảm thuế
- Trợ cấp tiền mặt cho những gia đình có con cái

Hôm nay, xin tới thăm trang mạng lưới điện toán **www.oregonhelps.org** để biết **quý vị** hội đủ điều kiện hưởng những dịch vụ trợ giúp nào!

Vietnamese AFS 9207 (08/02)

OregonHelps! A Web Tool For Low-Income Families



Oregon's current recession is hammering families. Imagine yourself as a single parent with two young children. Like many single parents in Oregon, you feel fortunate to be working, but your job pays only minimum wage. Your earnings are not enough to cover your family's basic expenses - food, housing, utilities, and medical care.

Where do you turn for help? How can you find information that's free, confidential, accurate, and available 24/7? The answer is OregonHelps! The OregonHelps! website provides low- and moderate-income people with information on their potential eligibility for twelve different local, state, and federal social service programs. Users can determine their eligibility by logging on to the site, answering basic household questions, and printing out information on where to submit applications and find assistance. The entire process takes about 10-12 minutes and users instantly receive the information they need to access benefits and services.

Oregon Helps! Public Service Announcement (PSA)



This 30-second PSA shows a young, single parent who is accessing the OregonHelps! website via a public library computer. The PSA, available in Spanish and English, shows how easy the web tool is to use.

RAM Media produced the PSA, in cooperation with Brian Huotari, an independent film director/photographer, and Kelly Huotari, Communications Director of the Commission on Children, Families & Community of Multnomah County. Film production professionals generously donated about \$70,000 worth of time and equipment.

OregonHelps! was created through a collaborative effort by Multnomah County, Clackamas County, State of Oregon, Oregon Food Bank, and the Community Action Directors of Oregon. EconNorthwest is the non-profit organization that created and manages the website. We hope that by airing the PSA to television audiences across Oregon, hundreds of families will learn about the website and the help it offers in finding needed services.

To request an additional PSA or learn more about OregonHelps!, please contact Janet Hawkins at (503) 988-3707 or janet.c.hawkins@co.multnomah.or.us. You may also visit our website at www.oregonhelps.org to learn more.



The Oregonian



Metro NW

SATURDAY ♦ DECEMBER 6, 2003

2-1-1 soon will join area survival code

Even preschool children understand that "Call 9-1-1" is an order to fetch local emergency services. Almost everyone knows that dialing 4-1-1 will launch a voice-recognition robot into a search for a telephone number.

Fewer realize that the Federal Communications Commission has assigned 3-1-1 for nonemergency police calls; 5-1-1 for use to improve traffic management and provide transit information; 6-1-1 for carriers to use for repair services; and 7-1-1 for hearing/speech-impaired Telecom Relay Services. Many phone companies use 8-1-1, unassigned by the FCC, for business-customer services.

The next three-digit number that will make a difference to Oregonians and Washingtonians is 2-1-1. By midyear 2004, Portland-area residents will be able to poke the phone just three times to connect with child-care solutions; housing, mental health and legal assistance; food banks; teen counseling; drug treatment; hospice providers; and other services not available through the 9-1-1 emergency code.

Governments provide countless social services directly and through private-sector contractors. Churches and charities

chip in by the tens of thousands. But help is useless when those in need or in crisis can't find it.

Some important 10-digit social-service numbers are prominently listed in local telephone directories. They are far from complete. The need has long been evident to provide one accessible number for the region.

Enter "211info," an information and referral collaboration led by the United Way of the Columbia-Willamette. Other core partners are Clackamas County Social Services (government); Community Action of Washington County (non-profit); Human Services Council (Clark County nonprofit); Oregon SafeNet (government maternal and child health hot line) and Guide Line (a non-profit information and referral phone-based service).

Linking with Web sites, other hot lines and more than 3,000 health and human service programs, 211info will make it easier for people in need to find help without mounting lengthy voyages of discovery. They will be assisted by operators who have gone through a national certifi-

cation program that ensures that they are familiar with the resources and have the skills to figure out if other problems than those for which help has been requested need to be addressed. "In the industry it is called asking the second question," says Liesl Wendt, the 2-1-1 initiative coordinator.



ROBERT LANDAUER

The Portland effort is a pilot for services that are hoped to follow for some regions in Washington later in 2004 and in 2005 for all of Oregon.

211info will reinforce and supplement existing services such as Housing Connections (www.housingconnections.org) and the award-winning agency OregonHelps! (www.oregonhelps.org), which provides information on 27 local, state and federal social-service programs, ranging from food stamps to the Oregon Health Plan.

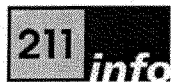
Connecticut's 2-1-1 InfoLine, launched in February 1999 and the first statewide 2-1-1 service, experienced close to a 40 percent increase in first-year calls compared with its previous 10-digit number, says Melanie Loewenstein, who heads the system.

The integrated information and referral services help policy-makers as well as consumers, says Loewenstein, because the system tracks in detail the types of services requested in different parts of the state, revealing service gaps and aiding allocation of resources. It also has become an important partner of government as "information central" for victims or families of victims of 9/11; as a principal responder in case of future bioterrorist attacks; and as the major source of information and referral when agencies put out urgent public-health alerts.

Experience is showing that 2-1-1 can get clients the help they need faster, ease agencies' expenses (by \$420,000) of keeping databases up to date, provide early intelligence on emerging social problems and serve as a collection point for people who want to volunteer for services such as mentoring schoolchildren or acting as court-appointed special advocates.

This will be service delivery's new front door.

Reach Robert Landauer, editorial columnist, at 503-221-8157 or 1320 S.W. Broadway, Portland, OR 97201 or robertlandauer@news.oregonian.com



Business Plan

What's 2-1-1?

"We find that the Information & Referral Petitioners have demonstrated sufficient public benefits to justify use of a scarce public resource and we therefore assign 211 to be used for access to community information and referral services."

July 21, 2000

Mission Statement

Provide the right information to all people in the right way, at the right time.



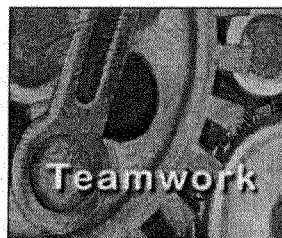
Vision Statement

A comprehensive regional information and referral system which provides:

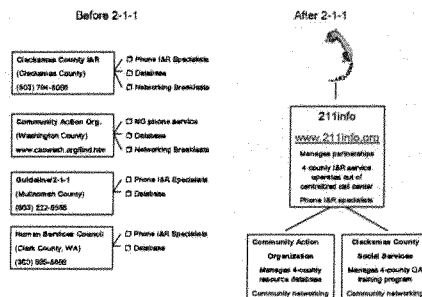
- consistent, quality service,
- reduces duplication, misinformation and endless searches,
- interacts with the regional service delivery system,
- is responsive in times of crisis,
- utilizes technology effectively,
- has a local presence,
- builds on existing structures.

The Team

- Jeri Shumate
211info Interim Executive Director
- Liz Bartell
Clackamas County Social Services
- Jimi Smith
Community Action, Washington County
- Lowell Greathouse,
United Way of the Columbia Willamette
- Bonnie Teschner,
211info Interim Board Chair



Market Summary





Why 2-1-1?

A single access point to health and human services will create:

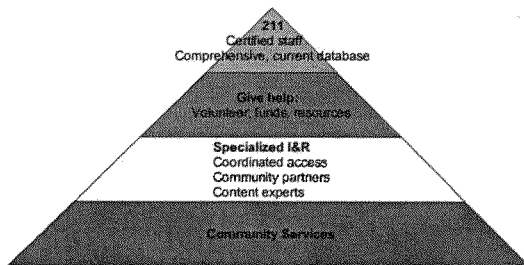
- ✓ A groundbreaking, efficient solution that eliminates confusing and overwhelming maze of information and referral services for people who need help.
- ✓ Telephone access to information and referral services
- ✓ Connection to a resource database of over 3,000 health and human service providers, government agencies and community based organizations.

A Integrative Approach to 2-1-1

"To raise new questions, new possibilities, to regard old problems from a new angle requires a creative imagination and marks real advances in science."

-- Albert Einstein

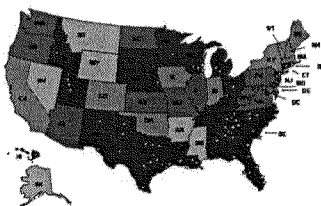
What's involved in 2-1-1?



Why 2-1-1 Now?

- The number of nonprofit agencies and community programs is growing.
- The need for basic social services is growing.
- Demographic changes such as aging and immigration, indicate a growing demand for health and human services.
- Increasing demand for culturally sensitive social services and the ability to communicate with non-English speaking callers.

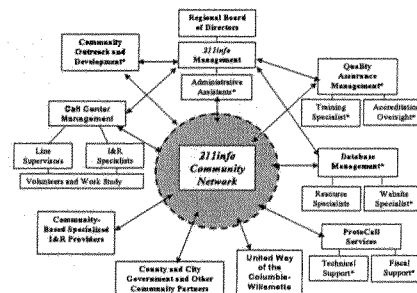
2-1-1 Status Nationally



Over 23% of US has 2-1-1 access, with the goal of 50% by 2005

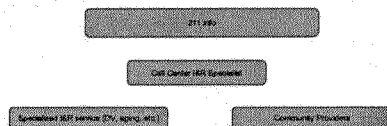
81 sites in 22 states & counting...

211 info

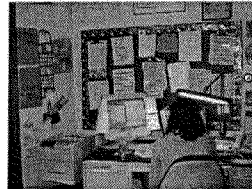


How will 2-1-1 work?

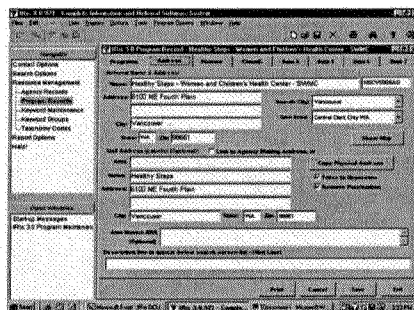
Person seeking services dials 2-1-1



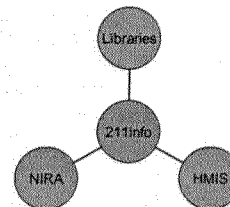
A call center...



Where the information is stored...

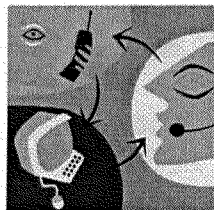


Strategic Relationships



Collaboration

- New technology being used to communicate re: I&R resources
- www.oregonhelps.org
- www.housingconnections.org
- www.volunteerhere.com
- www.thebeehive.org



Goals & Objectives

- Five-year goals:
 - 85% staff AIRS certified
 - Reach diverse segment of population
 - 211info AIRS accredited
 - Local outreach offices established
 - Sustainable funding in place
 - Records updated every 6 months

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Stacked bar chart showing Direct and Indirect Costs per Call for Years Y1 to Y5. The Y-axis ranges from \$0 to \$10.00. Direct costs are represented by the bottom shaded portion, and indirect costs by the top black portion.

Year	Direct Cost per Call	Indirect Cost per Call	Total Cost per Call
Y1	\$7.50	\$1.50	\$9.00
Y2	\$6.80	\$1.20	\$8.00
Y3	\$6.50	\$1.00	\$7.50
Y4	\$6.50	\$1.00	\$7.50
Y5	\$6.50	\$1.00	\$7.50

BY YEAR (\$)	YEAR1	YEAR2	YEAR3	YEAR4	YEAR5					
RUNNING										
Curry & City Cars	\$ 331.85	33%	285.55	25%	235.55	25%	235.55	25%	235.55	25%
Open Star	294.97	26%	249.97	22%	219.97	22%	249.97	26%	249.97	26%
Utility	35.00	35%	33.00	33%	33.00	33%	33.00	33%	33.00	33%
Project-Based Grants	175.00	16%	116.70	7%	-	0%	-	0%	-	0%
All Other	87.00	7%	17.00	15%	18.00	15%	12.00	12%	12.00	13%
Total Running	\$ 1,159.92	30%	811.23	30%	699.52	30%	949.52	30%	959.52	30%
COST OF CARE										
211 Service	1,362.05	13%	1,476.55	123%	1,956.09	156%	1,686.07	128%	1,759.56	136%
Relocation/Technology	55.84	7%	54.57	8%	67.45	10%	61.13	10%	103.17	15%
Total Cost of Services	1,367.19	15%	1,491.11	133%	1,662.54	177%	1,767.21	155%	1,889.91	159%
GENERAL & ADMINISTRATIVE										
Marketing	124.10	11%	126.10	12%	124.10	11%	124.10	11%	124.10	13%
Grant & Administrative	229.93	19%	254.48	23%	261.40	23%	251.40	23%	259.93	25%
Total General & Administrative	333.32	30%	350.57	36%	415.49	43%	416.40	40%	420.98	40%
OVERHEAD AND UTILITIES										
Total Overhead	346.00	23%	165.00	15%	94.00	9%	-	0%	-	0%
NET FUNDING REQUIREMENTS	\$ (675.58)	24%	(611.44)	(52%)	(1,227.53)	(125%)	(1,293.33)	(135%)	(1,335.46)	(139%)



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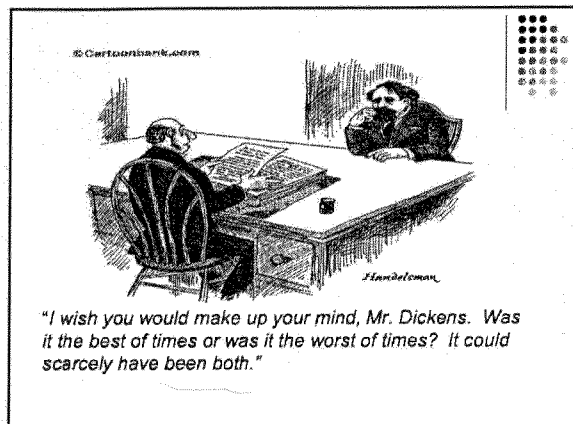
MARISA ACOCELLA

You chant for inner peace, I chant for development ideas.

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- # Resource Requirements
- Upgrade to Iris 3.0 by all partners
 - A minimum of 15 Call specialists for 24 hour service
 - Resource requirements
 - First year needs total=\$871,000
 - External requirements
 - Technical resources, marketing plans and implementation, policy solutions

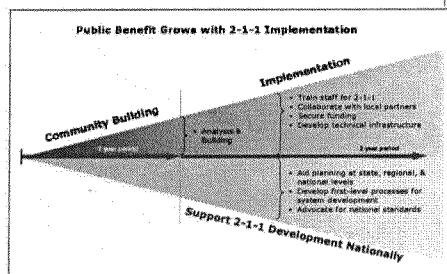
- # Risks & Rewards
- Risks
 - Merging 4 county operations under one umbrella organization
 - Long term funding
 - Specialized programs
 - Increased volume in social service requests
 - Addressing risks
 - Collaboration and long term partnership agreements
 - Diverse fund development strategy
 - Community involvement/memorandums of understanding
 - Regular reports issued regarding request for services and unmet needs
 - Rewards
 - Community members in the four county region have access to health and human service information and referral 24/7



Key Issues

- Near term
 - Build quality and capacity
 - Sustainable funding
 - Technology upgrades
- Long term
 - ✓ Web presence
 - ✓ Build outreach offices
 - ✓ Establish volunteer component
 - ✓ Expand service delivery area

2-1-1 Development



Legacy

100 years from now . . .
people will look back on 2-1-1, not as a telephone number but, as a significant force in creating real change in people's lives.

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