



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

1. Application. Do not include any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1st Location	Date application received and/or date stamp: <i>Rec'd by Portland Liquor Licenses</i> MAY 11 2020 PD <u>75 CH</u> # <u>1218435</u> Name of City or County: _____ Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
<input type="checkbox"/> Brewery 2nd Location	
<input type="checkbox"/> Brewery 3rd Location	
<input type="checkbox"/> Brewery-Public House 1st Location	
<input type="checkbox"/> Brewery-Public House 2nd Location	
<input type="checkbox"/> Brewery-Public House 3rd Location	
<input type="checkbox"/> Distillery	
<input type="checkbox"/> Full On-Premises, Commercial	
<input type="checkbox"/> Full On-Premises, Caterer	
<input type="checkbox"/> Full On-Premises, Passenger Carrier	
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege 1st Location	
<input type="checkbox"/> Grower Sales Privilege 2nd Location	
<input type="checkbox"/> Grower Sales Privilege 3rd Location	
<input type="checkbox"/> Limited On-Premises	
<input checked="" type="checkbox"/> Off-Premises	
<input type="checkbox"/> Off-Premises with Fuel Pumps	
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1st Location	
<input type="checkbox"/> Winery 2nd Location	
<input type="checkbox"/> Winery 3rd Location	
<input type="checkbox"/> Winery 4th Location	
<input type="checkbox"/> Winery 5th Location	
	OLCC USE ONLY
	Date application received: <u>3-30-2020</u> By: <i>[Signature]</i> License Action(s): <u>A/priv</u>

2. Identify the applicant(s) applying for the license(s). ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license(s):

Red Robin International, Inc. _____
 (Applicant #1) (Applicant #2)

_____ (Applicant #3) _____ (Applicant #4)

3. Trade Name of the Business (Name Customers Will See)		
Red Robin Gourmet Burgers and Brews <i>Burgers + Spirits Emporium</i>		
4. Business Address (Number and Street Address of the Location that will have the liquor license)		
1139 NE Grand Avenue		
City	County	Zip Code
Portland	Multnomah	97232



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5. Trade Name of the Business (Name Customers Will See) Red Robin Gourmet Burgers and Brews <i>Burgers + Spirits Emporium</i>			
6. Does the business address currently have an OLCC liquor license? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your mail) 1439 NE Grande Avenue <i>6312 S. Fiddler's Green Cir #200n</i>			
City <i>Portland Greenwood Village</i>	State <i>OR CO</i>	Zip Code <i>97232 80111</i>	
9. Phone Number of the Business Location 503-231-9223		10. Email Contact for this Application jhem@schwabe.com	
11. Contact Person for this Application Jeffrey D. Hem		Phone Number 503-796-2919	
Contact Person's Mailing Address (if different) 1211 SW Fifth Ave., Suite 1900	City Portland	State OR	Zip Code 97204

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

I understand that marijuana (such as use, consumption, ingestion, inhalation, sample, give-away, sale, etc.) is **prohibited** on the licensed premises.

I attest that all answers on all forms, documents, and information provided to the OLCC are true and complete.

Applicant Signature(s)

- Each individual person listed as an applicant must sign the application.
- If an applicant is an entity, such as a corporation or LLC, at least one person who is authorized to sign for the entity must sign the application.
- A person with the authority to sign on behalf of the applicant (such as the applicant's attorney or a person with power of attorney) may sign the application. If a person other than an applicant signs the application, please provide proof of signature authority.

[Signature]

(Applicant#1)

(Applicant#2)

(Applicant#3)

(Applicant#4)



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Red Robin International, Inc Phone: 503-231-9223

Trade Name (dba): Red Robin Burgers & Spirits Emporium

Business Location Address: 1139 NE Grand Ave

City: Portland ZIP Code: 97232

DAYS AND HOURS OF OPERATION

Business Hours:

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

Outdoor Area Hours:

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

The outdoor area is used for:

- Food service Hours: _____ to _____
 Alcohol service Hours: _____ to _____
 Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> Other: _____ |

DAYS & HOURS OF LIVE OR DJ MUSIC

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

SEATING COUNT

Restaurant: 156 Outdoor: 48
 Lounge: 53 Other (explain): N/A
 Banquet: N/A Total Seating: 257

OLCC USE ONLY

Investigator Verified Seating: ____ (Y) ____ (N)
 Investigator Initials: _____
 Date: _____

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

Applicant Signature: [Signature] Date: 04/29/2020

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)