



REGON 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: Rec'd by Portlano Liquor Licenses MAY 11 2020 PD 75 CH # 1218436
<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	
	Name of City or County: _____ Recommends this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ Date: _____
	OLCC USE ONLY Date application received: 3-30-2020 By: <i>HA</i> License Action(s): A/Priv

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 ^{Americas} Gourmet Burgers ⁺ and Brews ^{Spirits}		
4. Business Address (Number and Street Address of the Location that will have the liquor license) 10005 NE Cascade Parkway, Suite A		
City Portland	County Multnomah	Zip Code 97220



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5. Trade Name of the Business (Name Customers Will See) Americas Red Robin Gourmet Burgers and Brews + Spirits			
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) 10005 NE Cascade Parkway, Suite A Le 312 S Fiddler's Green Cir #200n			
City Portland Greenwood Village	State OR CO	Zip Code 97220 80111	
9. Phone Number of the Business Location 503-287-4699		10. Email Contact for this Application jhern@schwabe.com	
11. Contact Person for this Application Jeffrey D. Hern		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.

 _____ (Applicant#1)

_____ (Applicant#2)

_____ (Applicant#3)

_____ (Applicant#4)



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BUSINESS INFORMATION

Please Print or Type

Applicant Name: Red Robin International, Inc Phone: 503-287-4699

Trade Name (dba): Red Robin America's Gourmet Burgers & Spirits

Business Location Address: 10005 NE Cascade Pkwy, Suite A

City: Portland ZIP Code: 97220

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11Am to 10Pm
Monday 11Am to 10Pm
Tuesday 11Am to 10Pm
Wednesday 11Am to 10Pm
Thursday 11Am to 10Pm
Friday 11Am to 11Pm
Saturday 11Am to 11Pm

Outdoor Area Hours: N/A

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

The outdoor area is used for: N/A

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:

- Live Music
Recorded Music
DJ Music
Dancing
Nude Entertainers
Karaoke
Coin-operated Games
Video Lottery Machines
Social Gaming
Pool Tables
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: 168 Outdoor: N/A
Lounge: 25 Other (explain): WAITING AREA 11
Banquet: N/A Total Seating: 204

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