



# OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION



Application is being made for:

<b>LICENSE TYPES</b> <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/vr) <input checked="" type="checkbox"/> Other: <u>GSP</u>	<b>ACTIONS</b> <input type="checkbox"/> Change Ownership <input checked="" type="checkbox"/> New Outlet <input type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input type="checkbox"/> Other _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**APPLYING AS:**  
 Limited Partnership     Corporation     Limited Liability Company     Individuals

**CITY AND COUNTY USE ONLY**

Date application received: \_\_\_\_\_

The City Council or County Commission: \_\_\_\_\_  
(name of city or county)

recommends that this license be:  
 Granted     Denied

By: \_\_\_\_\_  
(signature) (date)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**OLCC USE ONLY**

Application Rec'd by: [Signature]

Date: 7-28-15

90-day authority:  Yes     No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]  
 ① Robinson Reserve, LLC ③ \_\_\_\_\_  
 ② \_\_\_\_\_ ④ \_\_\_\_\_

2. Trade Name (dba): Robinson Reserve

3. Business Location: 9430 NW Kaiser Rd, Portland, Multnomah, OR  
(number, street, rural route) (city) (county) (state) (ZIP code) 97231

4. Business Mailing Address: 9430 NW Kaiser Rd, Ptld, OR 97231  
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: (503) 286-1114 (503) 286-1116  
(phone) (fax)

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

7. If yes to whom: Robinson Reserve Type of License: Grocers Sales Privilege

8. Former Business Name: same (relocation address change request)

9. Will you have a manager?  Yes  No Name: Diana Robinson  
(manager must fill out an Individual History form)

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

11. Contact person for this application: Diana Robinson (503) 286-1114  
(name) (phone number(s))  
9430 NW Kaiser Rd, Ptld, OR 97231 - dianar@robcon.com  
(address) (e-mail address)

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

Applicant(s) Signature(s) and Date:  
 ① Diana Robinson Date 7-13-15 ③ \_\_\_\_\_ Date \_\_\_\_\_  
 ② \_\_\_\_\_ Date \_\_\_\_\_ ④ \_\_\_\_\_ Date \_\_\_\_\_

OREGON LIQUOR CONTROL COMMISSION  
LIMITED LIABILITY COMPANY QUESTIONNAIRE



189089-96 | 12-12-03

Please Print or Type

LLC Name: Robinson Reserve, LLC ✓ Year Filed: 2003

Trade Name (dba): Robinson Reserve

Business Location Address: 9430 NW Kaiser Rd.

City: Portland ZIP Code: 97231

List Members of LLC:

Percentage of Membership Interest:

1. Diana M. Robinson  
(managing member)

100%

2. \_\_\_\_\_  
(members)

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Signature Diana M. Robinson, managing member Date: 7.23.15  
(name) (title)



# OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY

1. Trade Name Robinson Reserve 2. City Portland  
 3. Name Robinson Diana Mae  
 (Last) (First) (Middle)  
 4. Other names used (maiden, other) N/A  
 5. \*SSN 541-74-6284 6. Place of Birth Washington/USA DOB 05/06/1956 8. Sex  M  F  
 (State or Country) (mm) (dd) (yyyy)

\*SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a). If you consent to these uses, please sign here:

Applicant Signature: Diana M. Robinson

9. Driver License or State ID # 2096536 10. State OR  
 11. Residence Address 9430 NW Kaiser Rd., Portland, OR 97231  
 (number and street) (city) (state) (zip code)

12. Mailing Address (if different) \_\_\_\_\_  
 (number and street) (city) (state) (zip code)

13. Contact Phone (503) 284-1114 14. E-Mail address (optional) dianar@robcon.com

15. Do you have a spouse or domestic partner?  Yes  No  
 If yes, list his/her full name: Randa'll Scott Robinson

16. If yes to #15, will this person work at or be involved in the operation or management of the business?  
 Yes  No

17. List all states, other than Oregon, where you have lived during the past ten years:  
N/A

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?  
 Yes  No  Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.  
 If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony?  Yes  No  Unsure  
 If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

20. Trade Name Robinson Reserve 21. City Portland

22. Do you have any arrests or citations that have not been resolved?  Yes  No  Unsure  
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.)  Yes  No  Unsure  
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.)  Yes  No  Unsure  
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.  
This is for relocation - (address change)  
License # 135235

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?  
 Yes  No  Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol?  N/A  Yes  No  Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?  
 N/A  Yes  No  Unsure If yes or unsure, explain:

Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon?  N/A  Yes  No  Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Devin Robinson Date: 7-13-15



OREGON LIQUOR CONTROL COMMISSION  
INDIVIDUAL HISTORY

1. Trade Name Robinson Reserve 2. City Portland  
 3. Name Robinson, Randall Scott  
 (Last) (First) (Middle)  
 4. Other names used (maiden, other) N/A  
 5. \*SSN 544-62-0152 Place of Birth Oregon/USA 7. DOB 01/23/1954 8. Sex M  F  O  
 (State or Country) (mm) (dd) (yyyy)

\*SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a). If you consent to these uses, please sign here:

Applicant Signature: [Signature]

9. Driver License or State ID # 1572959 10. State OR  
 11. Residence Address 9430 NW Kaiser Rd. PHd, OR 97231  
 (number and street) (city) (state) (zip code)  
 12. Mailing Address (if different) N/A  
 (number and street) (city) (state) (zip code)  
 13. Contact Phone (503) 286-1114 14. E-Mail address (optional) - N/A

15. Do you have a spouse or domestic partner?  Yes  No  
 If yes, list his/her full name: Diana Mae Robinson

16. If yes to #15, will this person work at or be involved in the operation or management of the business?  
 Yes  No

17. List all states, other than Oregon, where you have lived during the past ten years:  
N/A

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?  
 Yes  No  Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions.  
 If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony?  Yes  No  Unsure  
 If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.



# OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: Robinson Reserve, LLC Phone: (503) 286-1114

Trade Name (dba): Robinson Reserve

Business Location Address: 9430 NW Kaiser Rd.

City: Portland ZIP Code: 97231

### DAYS AND HOURS OF OPERATION

<b>Business Hours:</b>	<b>Outdoor Area Hours:</b>	<b>The outdoor area is used for:</b>
Sunday _____ to _____	Sunday _____ to _____	<input type="checkbox"/> Food service Hours: _____ to _____
Monday _____ to _____	Monday _____ to _____	<input type="checkbox"/> Alcohol service Hours: _____ to _____
Tuesday _____ to _____	Tuesday _____ to _____	<input type="checkbox"/> Enclosed, how _____
Wednesday _____ to _____	Wednesday _____ to _____	The exterior area is adequately viewed and/or supervised by Service Permittees.
Thursday _____ to _____	Thursday _____ to _____	_____ (Investigator's Initials)
Friday _____ to _____	Friday _____ to _____	
Saturday _____ to _____	Saturday _____ to _____	

**\* DO NOT DO WINE TASTINGS**  
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

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

### SEATING COUNT

Restaurant: \_\_\_\_\_ Outdoor: \_\_\_\_\_  
Lounge: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Banquet: \_\_\_\_\_ Total Seating: \_\_\_\_\_

**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: Piana M. Robinson Date: 7-23-15