

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 Date: 7.23.15
(name) (title) member



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: Randall 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: Debra 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 ☒ FO
(State or Country) (mm) (dd) (yyyy)

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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

Business Hours:

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

Outdoor Area Hours:

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

The outdoor area is used for:

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

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

(Investigator's Initials)

*** DO NOT DO WINE TASTINGS**

Seasonal Variations: ☐ Yes ☐ No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

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

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ 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: Diana M. Robinson Date: 7-23-15

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)