



CITY OF TUALATIN

LIQUOR LICENSE APPLICATION

Return Completed form to:
City of Tualatin
Attn: Deputy City Recorder
18880 SW Martinazzi Ave
Tualatin, OR 97062

Date _____

IMPORTANT: This is a three-page form. You are required to complete all sections of the form.
If a question does not apply, please indicate N/A. Please include full names (last, first middle) and full dates of birth (month/day/year). Incomplete forms shall receive an unfavorable recommendation.

Thank you for your assistance and cooperation.

SECTION 1: TYPE OF APPLICATION

- Original (New) Application - \$100.00 Application Fee.
- Change in Previous Application - \$75.00 Application Fee.
- Renewal of Previous License - \$35.00 Application Fee. Applicant must possess current business license. License # _____
- Temporary License - \$35.00 Application Fee.

SECTION 2: DESCRIPTION OF BUSINESS

Name of business (dba): Red Robin Gourmet Burgers and Brews

Business address 7425 SW Nyberg Street City Tualatin State OR Zip Code 97062

Mailing address 6323 S. Fiddler's Green Circle City Greenwood State CO Zip Code 80111

Telephone # Suite 200N CORPORATE: (303) 846-6000 Village Fax # (503) 213-6489
(503) 427-9941

Email LICENSING@REDROBIN.COM

Name(s) of business manager(s) First JUDY Middle _____ Last JAMES

[REDACTED]

Home address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]
(attach additional pages if necessary)

Type of business Restaurant

Type of food served Burgers, sandwiches, salads, dessert

Type of entertainment (dancing, live music, exotic dancers, etc.) N/A

Days and hours of operation Sunday-Saturday, 11 am to 10 pm ^{THURSDAY} FRI-SAT 11:00 AM-11:00 PM

Food service hours: Breakfast N/A Lunch 11 am. to 10 pm Dinner 11 am to 10 pm

Restaurant seating capacity 113 Outside or patio seating capacity None

How late will you have outside seating? N/A How late will you sell alcohol? ;10 pm

How many full-time employees do you have? 5 Part-time employees? 75

SECTION 3: DESCRIPTION OF LIQUOR LICENSE

Name of Individual, Partnership, Corporation, LLC, or Other applicants Red Robin International, Inc.

Type of liquor license (refer to OLCC form) Off premises and same day delivery

Form of entity holding license (check one and answer all related applicable questions):

INDIVIDUAL: If this box is checked, provide full name, date of birth, and residence address.
Full name _____ Date of birth _____
Residence address _____

PARTNERSHIP: If this box is checked, provide full name, date of birth and residence address for each partner. If more than two partners exist, use additional pages. If partners are not individuals, also provide for each partner a description of the partner's legal form and the information required by the section corresponding to the partner's form.
Full name _____ Date of birth _____
Residence address _____
Full name _____ Date of birth _____
Residence address _____

CORPORATION: If this box is checked, complete (a) through (c).
(a) Name and business address of registered agent.
Full name Corporation Service Company
Business address 1127 Broadway Street, NE, Suite 310, Salem, OR 97301

(b) Does any shareholder own more than 50% of the outstanding shares of the corporation? If yes, provide the shareholder's full name, date of birth, and residence address.
Full name Red Robin Courmet Burgers, Inc. (100%) Date of birth N/A
Residence address 6312 S. Fiddler's Green Circle, 200N, Greenwood Village, CO 80111

(c) Are there more than 35 shareholders of this corporation? Yes No. If 35 or fewer shareholders, identify the corporation's president, treasurer, and secretary by full name, date of birth, and residence address.
Full name of president: Paul Murphy Date of birth: [REDACTED]
Residence address: [REDACTED] e. [REDACTED]
Full name of treasurer: Lynn Schweinfurth Date of birth: [REDACTED]
Residence address: [REDACTED]
Full name of secretary: Michael I. Kaplan Date of birth: [REDACTED]
Residence address: [REDACTED]

LIMITED LIABILITY COMPANY: If this box is checked, provide full name, date of birth, and residence address of each member. If there are more than two members, use additional pages to complete this question. If members are not individuals, also provide for each member a description of the member's legal form and the information required by the section corresponding to the member's form.
Full name: _____ Date of birth: _____
Residence address: _____

Full name: _____ Date of birth: _____
Residence address: _____

OTHER: *If this box is checked, use a separate page to describe the entity, and identify with reasonable particularity every entity with an interest in the liquor license.*

SECTION 4: APPLICANT SIGNATURE

A false answer or omission of any requested information on any page of this form shall result in an unfavorable recommendation.

X  _____ Date 04/08/2020

For City Use Only

Sources Checked:

DMV by [Signature] LEADS by [Signature] TuPD Records by [Signature]

Public Records by [Signature]

Number of alcohol-related incidents during past year for location.

Number of Tualatin arrest/suspect contacts for _____

It is recommended that this application be:

Granted

Denied

Cause of unfavorable recommendation: _____

 _____ Date 6-1-2020

Bill Steele
Chief of Police
Tualatin Police Department