



TO CHANGE TO A LEGAL ENTITY FROM A SOLE PROPRIETOR

Please return completed documents to your local OLCC office.

DATE OF REQUEST: _____ TYPE OF LICENSE: _____

NAME OF LICENSEE: _____

CONTACT PERSON: _____

TRADENAME: _____

BUSINESS LOCATION: _____
(Address) (City) (Zip)

PHONE :() _____

E-MAIL: _____

Please submit the items below - ITEMS IN BOLD ARE OLCC FORMS

1. **CHANGE OF INFORMATION FORM**
2. **LEGAL ENTITY QUESTIONNAIRE (Corporation or LLC)**
3. **BUSINESS INFORMATION FORM**
4. **INDIVIDUAL HISTORY FORM FOR EACH PERSON IN CORPORATION OR LLC – (LLC - ALL MEMBERS WITH 10% AND CORPORATIONS ALL OFFICERS, DIRECTORS WITH 3% OR MORE AND ALL STOCKHOLDERS WITH 10% OR MORE)**
5. LIQUOR LIABILITY INSURANCE ACCORD CERTIFICATE IN THE NAME OF THE LEGAL ENTITY
6. YOU MAY BE REQUIRED TO GET A SERVICE PERMIT IF YOU DO NOT ALREADY HAVE ONE. PLEASE DISCUSS WITH YOUR INVESTIGATOR.

Note: If the new legal entity will include any people who are not currently listed as a licensee at your business **this is not the correct form.** Please contact the OLCC for more information.

DO NOT CONSIDER YOUR REQUEST APPROVED UNTIL YOU RECEIVE WRITTEN APPROVAL FROM OLCC STAFF.



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: _____ Phone: _____

Trade Name (dba): _____

Business Location Address: _____

City: _____ ZIP Code: _____

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)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers 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: _____ Date: _____



OREGON LIQUOR CONTROL COMMISSION CHANGE OF INFORMATION APPLICATION

Please Print or Type

- Use this application to request a duplicate license certificate, change of trade name, change of licensee name, change to legal entity and/or deletion of partner(s).
- Remember to attach all requested documents.

| | |
|---|---|
| Section 1: Complete This Section For All Requests | <p>1. Licensee Name(s): _____ (as currently licensed)</p> <p>2. Trade Name (dba): _____ Type of License: _____ (current business name) (O, L, F, etc.)</p> <p>3. Business Address: _____ (street) (city) (ZIP code)</p> <p>4. Mailing Address: _____ (street) (city) (ZIP code)</p> <p>5. Telephone Number: _____ (business) (home)</p> <p>6. Check here for a duplicate license certificate <input type="checkbox"/></p> |
|---|---|

| | |
|---|-----------------------------|
| Section 2: Change of Trade Name | New Trade Name (dba): _____ |
|---|-----------------------------|

| | |
|---|---|
| Section 3: Change of Legal Name | <p>1. New Name: _____</p> <p>2. Date of Name Change: _____</p> <p>3. Attach a signed copy of legal document(s).</p> |
|---|---|

| | |
|---|--|
| Section 4: Change to Legal Entity (Corp. or LLC) | <p>1. Entity Name: _____</p> <p>2. Complete and attach LLC or Corporation Questionnaire.</p> <p>3. Attach a signed copy of modified lease agreement if applicable.</p> |
|---|--|

| | |
|---|---|
| Section 5: Deletion of Partner(s) | <p>1. Name of Deleted Partner(s): _____</p> <p>2. Attach a copy of the legal document(s) or letter of resignation, signed by the deleted partner(s), showing the partner(s) will no longer have an interest in the business. If deleted partner(s) appear on the lease, you must attach a copy of a modified lease agreement.</p> |
|---|---|

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

Licensee Name: _____ Title: _____

Licensee Signature: _____ Date: _____



INDIVIDUAL HISTORY

WHO MUST COMPLETE THIS FORM?

You must complete this form if on the **LIQUOR LICENSE APPLICATION**:

- Your name is listed as an applicant in the “Entity or Individuals applying for the license” section
- A corporation is listed as an applicant in the “Entity or Individuals applying for the license” section and you are:
 - President; a Vice President with responsibility over the operation of the business; Secretary; or Treasurer
 - A Director who owns or controls 3% or more of the voting stock
 - A person holding or controlling 10% or more of any issued stock
- A limited liability company (LLC) is listed as an applicant in the “Entity or Individuals applying for the license” section and you are:
 - A Managing Member of the LLC (this is a person designated to manage the LLC; it may or may not be the same person designated to manage the business)
 - A Member who owns or controls 10% or more of the membership

IN ADDITION, THE OLCC MAY REQUIRE THE FOLLOWING PEOPLE TO COMPLETE THIS FORM:

- A person who is a manager. This is a person who has decision-making authority for the business and whose primary duties include controlling the operation of the licensed premises and its employees regarding the sale/service of alcoholic beverages.
- Other persons when there is reason to believe it may help the OLCC in its investigation.

DIRECTIONS FOR COMPLETING FORM

1. Please print or type in ink. The OLCC must be able to read your form.
2. If the question doesn't apply, write N/A in the space.
3. Attach additional sheets when necessary.



OREGON LIQUOR CONTROL COMMISSION

INDIVIDUAL HISTORY

1. Trade Name _____ 2. City _____

3. Name _____
(Last) (First) (Middle)

4. Other names used (maiden, other) _____

5. *SSN ____ - ____ - ____ 6. Place of Birth _____ 7. DOB ____ / ____ / ____ 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: _____

9. Driver License or State ID # _____ 10. State _____

11. Residence Address _____
(number and street) (city) (state) (zip code)

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

13. Contact Phone _____ 14. E-Mail address (optional) _____

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

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:

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 _____ 21. City _____

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.

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: _____ Date: _____



LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE

FORM INSTRUCTIONS

Authority to do Business in Oregon

- Your LLC must be approved by the Oregon Secretary of State's office to do business in Oregon.

List Members of LLC

- List all Managing Members
- If there are 20 or more members, only those owning or controlling 10% or more of the membership need to be listed. You may include the information on a separate sheet.
- List the percentage of membership held by each member.
- If a member that owns or controls 10% or more of the membership is a legal entity, like a corporation or another LLC, that legal entity must also complete its own separate questionnaire.

Server Education Designee

- If you are applying for a liquor license that allows customers to drink alcohol at the business you must list a person to take an OLCC-approved Alcohol Server Education class for the corporation. This person must have the authority to set standards and policies for alcohol servers at your business.

Officer's Signature

- The form must be signed by a Managing Member listed on this form.

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: _____ Year Filed: _____

Trade Name (dba): _____

Business Location Address: _____

City: _____ ZIP Code: _____

List Members of LLC:

Percentage of Membership Interest:

1. _____
(managing member)

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: _____ Date: _____
(name) (title)