



OREGON LIQUOR CONTROL COMMISSION  
**LIMITED PARTNERSHIP QUESTIONNAIRE**

● See section 2 of Guide for help with this form

*Please Print or Type*

Partnership Name: \_\_\_\_\_ Year Filed: \_\_\_\_\_

Trade Name (dba): \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**List Partners:**

**Indicate if General Partner or Limited Partner:**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

(Note: If any partner is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire.)

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

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

**Partner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(name) (title)