Clear form

Form OR-MTR

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Office use only

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Oregon Department of Revenue

Oregon Marijuana Tax Registration

Submit original form—do not submit photocopy

NOTE: A separate registration is required for each location selling recreational marijuana products.
Please print. See instructions.

Organization information

Recreational sales start date	Federal employer identification number (FEIN)	OLCC retail license number
/ /	–	

Legal business name (licensed by OLCC)	Doing business as (DBA)

Type of ownership **(check only one):**

☐ Corporation ☐ Sub-chapter S corporation ☐ Sole proprietorship (individual) ☐ LLP (limited liability partnership)

☐ Partnership—general ☐ Partnership—limited ☐ Non-profit 501(c)(3) (attach federal exemption) ☐ Other nonprofit

OR a LLC (limited liability company) recognized by the IRS as a:

☐ LLC—Corporation **OR** ☐ LLC—sole proprietorship **OR** ☐ LLC Partnership **OR** ☐ LLC—disregarded entity

☐ Check if change in address	Business phone
	– –

Mailing address	City	State	ZIP code

Physical address (required)	City	State	ZIP code

Payroll information

Will your business have employees?	If yes, have you registered for a payroll account?	If yes, please provide business identification number (BIN)
☐ Yes ☐ No	☐ Yes ☐ No	–

Owners, officers, partner information

List all owners, officers, or partners. Please print clearly, (use additional sheets if necessary).

Name			Social Security number (SSN)
			– –
Address	**City**	**State**	**ZIP code**
Name			**SSN**
			– –
Address	**City**	**State**	**ZIP code**

Contact person

Name	Title
Daytime phone	**Email**
– –	

Submitted by

Signature	Date	Phone
X	/ /	– –
Print name signed above	**Title**	

Mail your completed form to: Oregon Department of Revenue, PO Box 14630, Salem OR 97309-5050
Or **email** to: marijuanatax.dor@dor.oregon.gov
Or **fax** to: 503-945-8772