



OREGON LIQUOR & CANNABIS COMMISSION  
**OREGON DISTILLERY TASTING PRIVILEGE**

An Oregon Distillery Licensee is eligible to provide tastings of distilled liquor on the Distillery Licensee’s annually licensed premises and at no more than five other premises owned or leased by the licensee. **Please note you must receive approval from the OLCC for each location prior to providing tastings of distilled liquor at that location.**

Note: To sell factory-sealed containers of your product directly to consumers on your annually licensed premises and at no more than five other premises owned or leased by you must receive **prior** approval from the OLCC Retail Services Division for **each** location. You must call 503-872-5020 or email [OLCC.RetailServices@oregon.gov](mailto:OLCC.RetailServices@oregon.gov) to begin the approval process in order to sell factory sealed containers to a customer.

**INSTRUCTIONS**

1. Complete this application form.
2. Include a separate floor plan of the “identified tasting area” (the area where the public may have distilled liquor tastings) for **EACH** business location at which you are applying to provide tastings.
3. If you are applying to provide tastings of distilled liquor at one (or more) location other than your annually licensed premises include documentation showing you have legal access to the area where you will provide the tastings (such as proof of ownership or a lease) for each business location address.
4. Email the application and required documents to: [olcc.liquorlicenseapplication@oregon.gov](mailto:olcc.liquorlicenseapplication@oregon.gov)

***Please Print or Type***

Licensee Name \_\_\_\_\_ Trade Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person’s Phone \_\_\_\_\_

Contact Person’s Email \_\_\_\_\_

I am applying to provide tastings of distilled liquor at:

My annually licensed premises (Location #1) \_\_\_\_\_  
 (Business Street Address, City, Zip Code)

And/or at the following location(s):

Location #2 \_\_\_\_\_  
 (Business Street Address, City, Zip Code)

Location #3 \_\_\_\_\_  
 (Business Street Address, City, Zip Code)

Location #4 \_\_\_\_\_  
 (Business Street Address, City, Zip Code)

Location #5 \_\_\_\_\_  
 (Business Street Address, City, Zip Code)

Location #6 \_\_\_\_\_  
 (Business Street Address, City, Zip Code)

- Qualifications: [OAR 845-005-0431](#)
- Requirements: [OAR 845-006-0452](#)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OLCC USE ONLY</b> Premises Number: _____  Approved by: _____	Date: _____
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# OREGON LIQUOR & CANNABIS COMMISSION FLOOR PLAN

## INSTRUCTIONS

1. Your floor plan **MUST** be submitted on the Floor Plan Form below
2. Use a separate Floor Plan Form for each level or floor of the building. The floor plan(s) must show the specific areas of your premises.
3. Label areas i.e. dining area, bar, lounge, lottery, outside patio and sidewalk cafe areas.
4. Food Counters should be labeled as such, and not as a Bar. At a Food Counter, food service/consumption is the predominant activity. At a Bar, alcohol service/consumption is the predominant activity. Please label Food Counters and Bars accordingly.
5. Include all tables and chairs. (See Example below)
6. If you have an outdoor area, please show it in reference to the licensed building.
7. If you have sidewalk seating please contact your local government to see if a permit is required for use.
8. If this is a Food Cart Pod please label the floor plan where the alcohol will be served from, where food will be served, where the seating will be and any other food carts that are in the pod.

Please do not use complex architect drawings as your floor plan, unless they are clearly readable and show all the tables and chairs.

### RESTAURANT EXAMPLE

OREGON LIQUOR & CANNABIS COMMISSION

**FLOOR PLAN FORM**

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Your floor plan must be submitted on this form

**My Restaurant LLC**

Applicant Name

**My Restaurant**

Trade Name (dba)

**Example:**

OLCC USE ONLY

MINOR POSTING ASSIGNMENT(S)

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

(rev. 02/22)

### FOOD CART POD EXAMPLE

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**FLOOR PLAN FORM**

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Your floor plan must be submitted on this form

**Food Carts LLC**

Applicant Name

**Everyday Food Cart Pod**

Trade Name (dba)

Fencing around Food Cart Pod      Entrance

OLCC USE ONLY

MINOR POSTING ASSIGNMENT(S)

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

(rev. 02/22)



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**FLOOR PLAN FORM**

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Your floor plan must be submitted on this form

Applicant Name \_\_\_\_\_

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

.....**OLCC USE ONLY**.....  
**MINOR POSTING ASSIGNMENT(S)**

**Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_