



APPLICATION

INDUSTRIAL ALCOHOL AUTHORITY

1. Applicant

Name of the individual or entity (example: corporation or LLC)

2. Business Information

Trade Name _____

Premises Street Address _____

City _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

3. Contact Information

Name _____

Phone _____ Email _____

4. Attestation and Signature

I attest that I have read, understand, and will follow [OAR 845-004-0101](#)

Date _____

PRINTED name of signing individual _____

SIGNATURE (may electronically sign) _____

Return to:

- Email: olcc.liquorlicenseapplication@oregon.gov
- Mail: OLCC Liquor Licensing, PO Box 22297, Milwaukie, OR 97269