



**OREGON LIQUOR & CANNABIS COMMISSION**  
**Lesser Privilege Statement**

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License #: \_\_\_\_\_ Existing License Type: FCOM Limited

Licensee Name: \_\_\_\_\_

Tradename (dba): \_\_\_\_\_

Premises Address: \_\_\_\_\_  
Street Address City State Zip

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**FCOM to L - Existing Full On-Premises Sales License changing to a Limited On-Premises Sales license**

\_\_\_\_\_ (initial) I request my license type be changed from a Full On-Premises Sales license to a Limited On-Premises Sales license.

\_\_\_\_\_ (initial) I understand and agree that, once approved, the sale and service of distilled spirits is no longer allowed on the license premises.

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**L to O - Existing Limited On-Premises Sales License changing to an Off-Premises Sales license**

\_\_\_\_\_ (initial) I request my license type be changed from a Limited On-Premises Sales license to a Limited On-Premises Sales license.

\_\_\_\_\_ (initial) I understand and agree that, once approved, the consumption of malt beverage, wine and cider is no longer allowed on the license premises.

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**CHOOSE ONE OF THE FOLLOWING TWO OPTIONS:**

\_\_\_\_\_ Other than the requested lesser privilege license change, no other significant changes in operation have been made that have not been reported to the OLCC (ex: changes in menu, hours of operation, remodeling, etc.).

**OR**

\_\_\_\_\_ In addition to the requested lesser privilege license change, the following significant changes in operation have been made that have not been reported to the OLCC (ex: changes in menu, hours of operation, remodeling, etc.): \_\_\_\_\_

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

Please email this form with the Change of Information form to [olcc.liquorlicenseapplication@oregon.gov](mailto:olcc.liquorlicenseapplication@oregon.gov)