



**OREGON LIQUOR & CANNABIS COMMISSION  
OUT OF STATE PERMITS ADDRESS CHANGE REQUEST**

---

**Current Information**

License Type

CERTIFICATE OF APPROVAL(CERA)

DIRECT SHIPPER(DS)

WINE SELF-DISTRIBUTION PERMIT(WSD)

Applicant Name (Entity or Individuals)

Trade Name of the Business (Name Customers Will See)

Previous Premises Address

---

**\*NEW\* Information**

New Premises Address (Number and Street Address)

City State Zip Code

New Mailing Address (If different)

City State Zip Code

Name of Contact Person Email Phone Number

Signature Date

Return to: OLCC, PO Box 22297, Milwaukie, OR 97269 or email to [olcc.liquorlicenseapplication@oregon.gov](mailto:olcc.liquorlicenseapplication@oregon.gov)