

**TO MAKE CHANGES IN YOUR LIMITED LIABILITY COMPANY (LLC)
- ADD OR DROP MEMBERS, MANAGERS**



Please submit completed documents to your local OLCC office

DATE OF REQUEST: _____ TYPE OF LICENSE(S): _____

LICENSEE(S): _____

TRADENAME (dba) OF BUSINESS: _____

PREMISES ADDRESS: _____

CITY: _____ ZIP: _____

CONTACT PERSON: _____

CONTACT PERSON'S PHONE: (_____) _____

CONTACT PERSON'S EMAIL: _____

Include all items below as they apply to your business. Items in **Bold** are attached OLCC forms.

- Limited Liability Questionnaire.** Follow the directions on the form.
- Individual History Form.** For NEW Members. Follow the directions on the form.
- Business Information form.** Complete and submit ONLY if you are also make operational changes along with the ownership changes.

Additional documents may be requested by the OLCC to investigate/document the changes.



**Oregon Liquor Control Commission (OLCC)
LIMITED LIABILITY COMPANY (LLC)
FORM INSTRUCTIONS**

Definitions

- “Manager-Managed LLC” means an LLC where one or more individuals or entities have the responsibility to run the LLC, and as such, have been named as a “managing member.”
- “Managing member” means an individual or entity who has been named to run a manager-managed LLC.
 - A managing member is not required to own or hold membership in the LLC.
 - A manager of the business is not required to be a member or managing member of the LLC.
- “Member-Managed LLC” means an LLC where all members have the responsibility to run the LLC, and as such, no managing member has been named.
- “Member” means an individual or entity who owns membership in the LLC.
- “Entity” means an association, corporation, limited liability company, partnership, trust, or any similar entity that has legal standing under the laws of Oregon or another state within the United States.
- “Individual” means an individual human being.

When does the OLCC require this form to be submitted?

- The LLC is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form;
- The LLC has 10% or more ownership in an entity applicant listed in the “Entity or Individuals applying for the license” section of the Liquor License Application;
- The OLCC believes obtaining this information may help the OLCC in its investigation.

	Manager-Managed LLC	Member-Managed LLC
Registered with the Oregon Secretary of State (SOS)	Must be registered if the LLC is an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form	Must be registered if the LLC is an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form
This section for <u>ONLY</u> a manager-managed LLC	Must complete this section. <ul style="list-style-type: none"> • List <u>all</u> managing members (may be one or more individuals or entities) • Each individual listed as a managing member must submit an Individual History form. 	Not Applicable.
This section for <u>BOTH</u> a manager-managed and a member-managed LLC	Must complete this section. <ul style="list-style-type: none"> • List <u>all</u> members with 10% or more membership (may be one or more individuals or entities). • Each individual listed as a member must submit an Individual History form. 	
Officers	<ul style="list-style-type: none"> • An LLC with no officers should skip this section. • An LLC with the following officers must complete this section: president, secretary, treasurer, and vice president (with responsibility over the operation of the business). • Each individual listed as a listed officer must submit an Individual History form. 	
Server Education Designee	<ul style="list-style-type: none"> • If the application is for a liquor license that allows customers to consume alcohol at the business, an individual must be listed who has completed, or will complete, an OLCC approved Alcohol Server Education class, and has passed the test. This individual must have the authority to set standards and policies for alcohol servers at the business. • If the application is not for a liquor license that allows customers to consume alcohol at the business, this section may be left blank. 	
Signature	One of the listed members or managing members must sign and date this form.	



LIMITED LIABILITY COMPANY (LLC) QUESTIONNAIRE

LLC Name _____

Trade Name of Business (Name Customers Will See) _____

The LLC named in this document is a (see page 1 for definitions): _____ Manager-Managed LLC _____ Member-Managed LLC

This section is ONLY for a manager-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

Name of Managing Member (please print)	Name of Managing Member (please print)

This section is for BOTH a manager-managed LLC and a member-managed LLC. (Directions on page 1. You may include information on a separate sheet.)

Name of Member (please print)	Percentage of issued membership held

This section is ONLY for an LLC with the listed officers. (Directions on page 1. You may include information on a separate sheet.)

Title	Name (please print)
President	
Secretary	
Treasurer	
Vice president with responsibility over the operation of the business	

SERVER EDUCATION DESIGNEE (Directions on page 1)

Name (please print)	Date of Birth

SIGNATURE (Directions on page 1)

NAME of Signing Person (please type or print) _____

DATE _____
SIGNATURE of signing person (may electronically sign) _____

This box for OLCC use ONLY

Only for an applicant of record: SOS Number _____ Current at time of issuing license (yes/no) _____

Does the entity hold, or has it ever held, an OLCC-issued liquor license? _____



OREGON LIQUOR CONTROL COMMISSION

INDIVIDUAL HISTORY FORM

WHO MUST COMPLETE THIS FORM?

You must complete this form if:

- Your name is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form.
- A corporation is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form and you are:
 - President, a Vice President with responsibility over the operation of the business, Secretary, or Treasurer.
 - A Director.
 - An individual who owns 10% or more of issued stock.
- A limited liability company (LLC) is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form and you are:
 - A Managing Member of the LLC (this is an individual designated to manage the LLC; it may or may not be the same individual designated to manage the business).
 - A Member who owns 10% or more of the membership.
 - An Officer (such as a President or Secretary) with responsibilities over the operation of the business.

You must work with the OLCC to determine who must complete this form if you are:

- Part of an entity *other than* a corporation or LLC that is listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form, or
- Part of an entity that owns 10% or more of an entity listed as an applicant in the “Entity or Individuals applying for the license” section of the Liquor License Application form.

IN ADDITION, THE OLCC MAY REQUIRE OTHER PEOPLE TO COMPLETE THIS FORM WHEN THERE IS REASON TO BELIEVE IT MAY HELP THE OLCC IN ITS INVESTIGATION.



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

1. Name (Print):	Last	First	Middle	
2. Other names used (maiden, other):				
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes ___ No ___ If yes, you must list your SSN:				
SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below. Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC§ 552(a)).				
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: _____				
5. Date of Birth (DOB):	(mm)	(dd)	(yyyy)	
6. Driver License or State ID #:			7. State	
8. Contact Phone:				
9. E-mail Address:				
10. Mailing Address:	(Number and Street)	(City)	(State)	(Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No ___ Yes ___ (If yes, explain in the space provided, below) Unsure ___ Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.				



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, currently hold or have you previously held a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No _____ Yes _____ Please list licenses (and year(s) licensed) below Unsure _____ Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No _____ Yes _____ Please list licenses (and year(s) licensed) below Unsure _____ Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No _____ Yes _____ Please list applications below Unsure _____ Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	Last	First	Middle
Signature:		Date:	

This box for OLCC use ONLY
 _____ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: _____ Phone: _____

Trade Name (dba): _____

Business Location Address: _____

City: _____ ZIP Code: _____

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

Outdoor Area Hours:

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

The outdoor area is used for:

- Food service Hours: _____ to _____
 Alcohol service Hours: _____ to _____
 Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.

_____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- Live Music Karaoke
 Recorded Music Coin-operated Games
 DJ Music Video Lottery Machines
 Dancing Social Gaming
 Nude Entertainers Pool Tables
 Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: _____ Outdoor: _____
Lounge: _____ Other (explain): _____
Banquet: _____ Total Seating: _____

OLCC USE ONLY

Investigator Verified Seating: ____ (Y) ____ (N)
Investigator Initials: _____
Date: _____

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: _____ Date: _____

1-800-452-OLCC (6522)

www.oregon.gov/olcc

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