



TO APPLY FOR A TASTING ROOM (Change to WY or GSP from WYNC or GSPNC)

Please submit completed documents to OLCC.LiquorLicenseApplication@Oregon.Gov

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

LICENSEE: _____

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.

- Letter of request describing where the tasting area will be (expanding to another suite).
- Business Information** form – Please fill the form out completely. If a section does not apply to your business, please write in “N/A” for that section, do not leave it blank.
- Floor Plan** form – Include the entire licensed premises (indoor/outdoor) and label the area where the tasting room will be located.
- Server Education - Need before final approval.
- Liquor Liability Insurance - Need before final approval.

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

Licensee Authorized Representative(s): In order to make changes to a license or to receive information about a license by someone other than the applicant/licensee, Licensee must:

- Complete the [Authorized Representative Form](#) designating a person/entity to act on your behalf and submit with this form.



OREGON LIQUOR & CANNABIS 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
- Recorded Music
- DJ Music
- Dancing Nude Dancing
- Live Entertainment Minor Entertainers
- Karaoke
- Coin-operated Games
- Video Lottery Machines
- Social Gaming
- Pool Tables
- Other: _____

DAYS & HOURS OF LIVE OR DJ MUSIC

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

*Minor Entertainers in an area prohibited to minors need prior approval from the OLCC

SEATING COUNT

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

www.oregon.gov/olcc



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

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

OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

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)



OREGON LIQUOR & CANNABIS COMMISSION

FLOOR PLAN FORM

Your floor plan must be submitted on this form

Applicant Name

Trade Name (dba)

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

Date: _____ Initials: _____