

APPLICATION INSTRUCTIONS



RETAIL SALES AGENT APPLICATION (INDIVIDUAL)

An appointed retail sales agent is an independent contractor for the State of Oregon. This person will operate the retail liquor location on behalf of the OLCC and has no rights to ownership of the distilled spirits inventory or revenue. Retail sales agents and their staff are not considered employees of the state.

Refer to the liquor store Information Sheet for financial requirements and details about the appointment process.

When completing the application, please consider the following:

- **EVERY** applicable section **MUST** be filled out prior to submitting the application by the deadline stated on the store Information Sheet.
- An application is intended for one individual only. If there are multiple individuals on a single application, the application will not be considered.
- If applying for more than one advertised store, submit a separate application for each.
- The store Information Sheet (see Conditions of Appointment section C) provides a minimum amount of funds needed to meet specific financial obligations. ALL funding listed on the Statement of Funding Sources (page 5 of the application) must be available to meet the minimum financial obligation by the store takeover date stated in the Information Sheet. All applicants need to reach out to their financial institutions prior to submitting an application to be sure the process of obtaining the funds can meet the deadline to pay the outgoing agent on the store takeover date if the applicant is appointed retail sales agent.

Note: Additional funding may be needed over the minimum amount. See details on the Information Sheet.

- The Statement of Funding Source (page 5 of the application) requires supporting documentation to be submitted, demonstrating sufficient funds are available for the liquor store acquisition. Documents that are included with any other name than the applicant's name must be accompanied by a letter from the account holder listed on the document stating the outside source is providing the funds if the applicant is appointed as a retail sales agent.

Supporting financial documentation must show the available funds and the date when the document was generated. The date must be 30 days or less from the time of the application closing date to be accepted.

- It is expected that applicants will complete the application in their own words. The use of artificial intelligence (AI) software to complete this document is prohibited and may disqualify an application.
- Signatures may be made in ink or electronically signed.

Submit an Application and Supporting Documents

- To be considered, the submitted application packet **MUST** include a completed Retail Sales Agent Application for An Individual (pages 1-14) and any supporting documentation.

Important – When submitting an application:

- Don't delete pages that have no information entered on a page. Missing pages will disqualify an application.
 - Place the documents in this order: Behind the Retail Sales Agent Application for an Individual, place required financial supporting documents, then any additional documents the application is requesting (if applicable).
 - Do not submit any Letters of Recommendations or other unrequested documents.
 - Email all required documents in the order stated above as **ONE** PDF as an attachment to olcc.retailservices@olcc.oregon.gov.
- All applications must be received by the deadline stated on the store specific Information Sheet.

Application packets that are incomplete or received past the deadline stated on the store specific Information Sheet will not be considered.

Once the application deadline has closed, applications will be reviewed.

Please feel free to contact the Retail Services Division with any questions regarding the application or application process.

OLCC Retail Services Division
503-872-5020
Email: olcc.retailservices@olcc.oregon.gov

Please remove this page prior to submitting



RETAIL SALES AGENT APPLICATION FOR AN INDIVIDUAL

LIQUOR STORE #: _____ LIQUOR STORE LOCATION: _____

Please complete this form by typing or clearly printing in dark ink. If the following material is not complete (pages 1-14) and any applicable supporting documentation is not submitted, the Retail Sales Agent Application will not be accepted. A RESUME WILL NOT BE ACCEPTED IN PLACE OF THIS APPLICATION. It is expected that applicants will complete the application in their own words. The use of artificial intelligence (AI) software to complete this document is prohibited and may disqualify an application.

NAME (First, MI, Last):			HOME PHONE (including area code):
MAILING ADDRESS:			WORK PHONE (including area code):
CITY:	STATE:	ZIP CODE:	CELL PHONE (including area code):
EMAIL ADDRESS:			

Do you have a high school diploma or GED certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EDUCATION / TRAINING HISTORY				
List colleges, trade, or business schools attended.				
	Name and Location of School, College, or University	Course of Study (List Major)	Did you Graduate? (Yes/No)	Degree or Certificate Received (AA, BA, BS, MS, PhD)
A				
B				
C				
D				

WORK HISTORY

Starting with your present or most recent job, list positions you have held from newest to oldest. Under "List of Duties" emphasize (in detail) your job-related skills, abilities, tasks, and responsibilities which relate to criteria set forth in OAR 845-015-0125 subsection 1. If more space is required, attach a separate sheet. It is expected that applicants will complete the application in their own words. The use of artificial intelligence (AI) software to complete this document is prohibited and may disqualify an application.

POSITION 1

NAME OF EMPLOYER:	EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE):		
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER:		
POSITION/JOB TITLE:	FROM (MONTH - YEAR):	TO (MONTH - YEAR):	TOTAL TIME IN CURRENT OR LAST POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

POSITION 2

NAME OF EMPLOYER:	EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE):		
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER:		
POSITION/JOB TITLE:	FROM (MONTH - YEAR):	TO (MONTH - YEAR):	TOTAL TIME IN POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

WORK HISTORY (cont.)

POSITION 3

NAME OF EMPLOYER:		EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE):		
TYPE OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER:		
POSITION/JOB TITLE:		FROM (MONTH - YEAR):	TO (MONTH - YEAR):	TOTAL TIME IN POSITION:
LIST OF DUTIES (BE SPECIFIC):				
REASON FOR LEAVING THIS POSITION:				

POSITION 4

NAME OF EMPLOYER:		EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE):		
TYPE OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER:		
POSITION/JOB TITLE:		FROM (MONTH - YEAR):	TO (MONTH - YEAR):	TOTAL TIME IN POSITION:
LIST OF DUTIES (BE SPECIFIC):				
REASON FOR LEAVING THIS POSITION:				

WORK HISTORY (cont.)

POSITION 5			
NAME OF EMPLOYER:	EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE):		
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER:		
POSITION/JOB TITLE:	FROM (MONTH - YEAR):	TO (MONTH - YEAR):	TOTAL TIME IN POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

CERTIFICATION AND SIGNATURE

Sworn Statement: I swear the information provided on this form is true, accurate and complete, I understand that the OLCC may require me to give proof of the above information and that if the information is not true, accurate or complete the OLCC may prosecute me criminally for False Swearing under ORS 162.075. I understand that should an investigation disclose untruthful or misleading answers, the application may be rejected or withdrawn from consideration, or the retail sales agent agreement with the OLCC terminated.

The undersigned hereby authorizes and request any person, firm, or corporation to furnish any information requested by the Oregon Liquor and Cannabis Commission concerning any transaction or account with the undersigned; and the Oregon Liquor and Cannabis Commission may furnish copies of the forgoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing additional information.

Print Name

Title (if applicable)

Signature

Date



STATEMENT OF FUNDING SOURCES FOR RETAIL SALES AGENT APPOINTMENT (INDIVIDUAL)

LIQUOR STORE #: _____ LIQUOR STORE LOCATION: _____

Describe the funding source(s) that will be used to finance the purchase of fixtures and equipment, pay the agent buyout amount and meet the operating expenses for two months before receiving the first compensation payment.

THE TOTAL DOLLAR AMOUNT LISTED IN THE TABLE BELOW **MUST MEET OR EXCEED** THE MINIMUM FINANCIAL AMOUNT STATED ON THE INFORMATION SHEET (SEE CONDITIONS OF APPOINTMENT SECTION C). FUNDING SOURCES THAT ARE NOT AVAILABLE OR SECURED AT THE TIME OF THE STORE ADVERTISEMENT CLOSURE WILL NOT BE CONSIDERED A PART OF THE FUNDING SOURCE TOTAL.

NOTE: Copies of loan applications or loan proposals from a financial institution are not considered a source of available funding and will not be accepted.

Supporting documentation must be submitted, demonstrating sufficient funds are available. This information could include a most recent bank statement(s), financial institution documentation showing pre-approved line of credit, portfolio statements, etc. **The date on the document(s) must be 30 days or less from the time of the application closing date to be accepted.**

The following **MUST** be adhered to, or the supporting documents may not be accepted and cause the application to not be considered.

- 1) **When the applicant submits personal financial documents, the applicant's name MUST be on all documents. The name can be printed from the financial institution, or the applicant's name can be handwritten/printed on the document, signed by the applicant and dated as validation of the document.**
- 2) **CIRCLE the amount of available funds on each document. The circled amount should be the same amount listed below as a Source of Funds dollar amount.**
- 3) **BLACKOUT all account numbers.**
- 4) **If funding is from an outside source (i.e. business account, loan, gift), provide:**
 - a. **a loan term agreement or a signed letter from an individual with authority to authorize a loan from a business or personal account that has a different name from the applicant's name, stating funds will be made available to the applicant if appointed the retail sales agent.**
 - b. **supporting documentation showing funds are available from the outside source. 1) The name on these documents can be printed from the financial institution, or the account holder's name can be handwritten/printed on the document, signed by an account holder and dated as validation of the document. 2) Circle the amount of available funds on each document. 3) Blackout all account numbers.**

	Source of Funds (Do not include account numbers)	Dollar Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.	If additional sources are listed on a separate sheet, enter one total on the right from all other sources not listed above and include supporting documents per the instructions above.	
TOTAL		

Comments (optional):

Place a "X" in the appropriate Yes or No column based on the following questions. Answer the questions if applicable. Attach additional pages if needed.	YES	NO
1. Have any of your notes, accounts receivable, or securities been assigned, pledged, sold or discounted? If so, please explain fully.		
2. Are liens or judgements filed on any of your property? If so, please explain fully.		
3. Have you ever been bankrupt or insolvent? If so, how long ago? Explain fully.		
4. Are you acting as surety or bondsman for others, or as endorser on their notes or accounts? If so, give name, nature and amount.		
5. Do you have any other contingent liabilities? If so, please explain.		

CERTIFICATION AND SIGNATURE

Sworn Statement: I swear the information provided on this form is true, accurate and complete, I understand that the OLCC may require me to give proof of the above information and that if the information is not true, accurate or complete the OLCC may prosecute me criminally for False Swearing under ORS 162.075. I understand that should an investigation disclose untruthful or misleading answers, the application may be rejected or withdrawn from consideration, or the retail sales agent agreement with the OLCC terminated.

The undersigned hereby authorizes and request any person, firm, or corporation to furnish any information requested by the Oregon Liquor and Cannabis Commission concerning any transaction or account with the undersigned, and the Oregon Liquor and Cannabis Commission may furnish copies of the forgoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing additional information.

Print Name

Title (if applicable)

Signature

Date



ACKNOWLEDGEMENT OF ELIGIBILITY

There are certain prohibited interests that may preclude an applicant from becoming a retail sales agent.

ORS 471.710(3) states:

A retail sales agent appointed by the commission, or a person in the household or immediate family of a retail sales agent, may not have any financial interest in or business connection with:

- (A) A person or business that is licensed as a distillery;
- (B) A person or business that holds a Full On-Premises sales license; or
- (C) A distillery whose products are sold in Oregon.

OAR 845-015-0115 Retail Sales Agent Eligibility states:

- (1) A retail sales agent who is an individual person must be at least 21 years old. Retail sales agents must devote enough time to a retail liquor store to ensure its efficient operation and reasonable service to the public.
- (2) A retail sales agent may not have a financial interest or business connection that ORS 471.710(3) or OAR 845-015-0118 prohibits.
- (3) A retail sales agent may be an Off-Premises Sales licensee.
- (4) A retail sales agent may be a Limited On-Premises Sales licensee provided that the premises with the license is in a different physical location and address from the retail liquor store.
- (5) A retail sales agent may not be a Full On-Premises Licensee.

OAR 845-015-0118 Retail Sales Agent Prohibited Interests, ORS 471.710(3) states:

- (1) Definitions: As used in ORS 471.710(3) and this rule:
 - (a) "Liquor Store Agent" has the same meaning as a retail sales agent, as defined in OAR 845-015-0101(5);
 - (b) "Financial Interest" means knowingly having an ownership interest, as a sole proprietor, partner, limited partner or stockholder or any direct or indirect ownership interest through a device such as a holding company, in a business licensed with a Distillery or Full On-Premises Sales license or any distillery whose products are sold in Oregon;
 - (c) "Business Connections" include, but are not limited to:
 - (A) Knowingly providing anything of value to a person or business licensed with a Distillery or Full On-Premises Sales license or to any distillery whose products are sold in Oregon, in return for something of value. This rule does not, however, prohibit persons and licensees from providing commodities and services to each other that they routinely provide to the general public under the same terms;
 - (B) Partnerships with a person or business licensed with a Distillery or Full On-Premises Sales license, or to any distillery whose products are sold in Oregon, and similar ventures formed for the purpose of making profit,
 - (d) "Knowingly" means a person actually knew or reasonably should have known;
 - (e) "Household" means all persons living as a family unit in the same dwelling;
 - (f) "Immediate Family" means spouse or Domestic Partner, and minor dependent children.
 - (g) "Domestic Partner" means an individual who, along with another individual of the same sex, has received a Certificate of Registered Domestic Partnership pursuant to the Oregon Family Fairness Act.
 - (h) "Company Principal" means a person who holds any of the following interests in a legal entity that is a retail sales agent or an applicant for appointment as a retail sales agent:

- (A) An officer;
 - (B) A director;
 - (C) A person who owns or controls 10% or more stock in the entity or holds 10% or more of the total membership interests in the entity or whose investment interest is 10% or more of the total investment interests in the entity;
 - (D) A manager of a limited liability corporation or limited liability partnership or the general partner of a limited partnership.
- (2) Prohibited Interests. No retail sales agent, company principal, or member of the agent's household or immediate family may hold a Financial Interest or Business Connection as those terms are defined in section (1) of this rule.
- (3) Additional Prohibitions:
- (a) No retail sales agent, company principal or member of the agent's household or immediate family may be employed by a business that is licensed with a Distillery or Full On-Premises Sales license unless:
 - (A) The person's job duties do not include involvement with that portion of the business that requires an alcoholic beverage license to operate; or
 - (B) The person exercises no management control over that portion of the business that requires an alcoholic beverage license to operate.
 - (b) No retail sales agent, company principal or member of the agent's household or immediate family may be employed by any distillery whose products are sold in Oregon.
- (4) Reporting Requirements:
- (a) All retail sales agent applicants must complete and sign a form describing any financial interest or business connection the applicant, company principal or any person in the applicant's household or immediate family has, that the applicant would reasonably know of, with a Distillery or Full On-Premises Sales licensee, or with a distillery whose products are sold in Oregon. The Commission will determine whether any prohibited interest or connection exists. An applicant, company principal or person in the applicant's household or immediate family who has a prohibited interest or connection must divest the interest or connection before the Commission appoints the applicant;
 - (b) A retail sales agent must report, to the agent's district manager, any prohibited interest or connection with a Distillery, Full On-Premises Sales licensee or a distillery whose products are sold in Oregon as soon as the agent would reasonably know of the interest or connection. If ORS 471.710(3) or this rule prohibits the interest or connection, the Commission will set a reasonable time period for divestiture. If the retail sales agent, company principal, household member or immediate family member fails to divest, the Commission will terminate the agent's contract.
- (5) Gifts and Gratuities: No retail sales agent will accept any gift, gratuity or thing of value from any Distillery or Full On-Premises Sales licensee or any distillery or any person representing a distillery, except that a retail sales agent may accept:
- (a) Items totaling \$25 or less per year per licensee or distillery offered to retail sales agents as customers of the licensee or distillery as long as the items are offered on an equal basis to all customers irrespective of any connection to the Commission;
 - (b) Food and beverages provided for immediate consumption at a convention or a business conference or meeting that are offered to all participants irrespective of any connection to the Commission;
 - (c) A non-alcoholic beverage for immediate consumption that a licensee offers at a business meeting;
 - (d) Items offered to all participants at a convention irrespective of any connection to the Commission.
- (6) Disciplinary Actions: The Commission will appropriately discipline a retail sales agent who:
- (a) Fails to report a prohibited interest or connection as section (4) of this rule requires;
 - (b) Knowingly acquires an interest or establishes a connection that ORS 471.710 or this rule prohibits; and
 - (c) Accepts a gift or gratuity that section (5) of this rule prohibits.

I hereby acknowledge that I have read and understand the provisions of ORS 471.710(3), OAR 845-015-0115 and OAR 845-015-0118. If there is a conflict of interest, a separate sheet must be included fully explaining the issue and how the applicant will remedy the conflict. If I fail to correct the conflict, I understand the application will not be accepted.

Print Name

Title (if applicable)

Signature

Date



DECLARATION INFORMATION

INDIVIDUAL'S NAME: _____

LIQUOR STORE #: _____ LIQUOR STORE LOCATION: _____

Place a "X" in the appropriate Yes or No column based on the following questions. Answer the questions if applicable. Attach additional pages if needed.	YES	NO
1. Have you ever gambled to excess? If yes, how often?		
2. Do you play Oregon's or any other state's lottery games? If yes, how often?		
3. Have you ever been short in your accounts in your present or previous employments? If yes, give details and attach additional sheets if needed.		
4. Have you been convicted of any violation, misdemeanor or felony in Oregon or any other state? If yes, give details and attach additional sheets if needed.		
5. Have you ever entered into a diversion agreement? If yes, give details and attach additional sheets if needed.		
6. Do you have any arrests or citations that have not been resolved? If yes, give details and attach additional sheets if needed.		
7. Has your application for a bond ever been declined? If so, by whom?		
8. Have you ever used intoxicating drugs or liquors to excess? How long since?		
9. Have you ever been discharged from any position? If yes, give details and attach additional sheets if needed.		
10. Are you a relative of any OLCC personnel? If so, please give name(s).		
I hereby affirm the above declarations are true and made without reservations.		
SIGNATURE:	DATE:	

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SUPPLEMENTAL QUESTIONS

INDIVIDUAL'S NAME: _____

LIQUOR STORE #: _____ LIQUOR STORE LOCATION: _____

As part of the agent application process, the following questions must be answered in detail. Attach additional sheets if needed. It is expected that applicants will complete this section in their own words. The use of artificial intelligence (AI) software is prohibited to answer the following questions and may disqualify an application.

1. Describe a three-year plan regarding the on-site management of the retail liquor location if appointed the retail sales agent. An answer must include the applicant's involvement at the location and an average minimum number of hours per week over the three-year plan.

2. In detail, please:

- a. Describe the business that will be operated with distilled spirits.
- b. List the items (in general categories) that will be sold besides distilled spirits.

3. This position requires knowledge of retail inventory management.

- a. Describe in detail your knowledge of retail inventory management, including how you managed the inventory (i.e. processes, tools).
- b. Specify the monthly average dollar amount and monthly average number of items you oversaw/managed.

SUPPLEMENTAL QUESTIONS (cont.)

4. This position requires knowledge of revenue accountability.

- a. Describe in detail your knowledge of accurate revenue accountability in a retail environment including how you managed accurate revenue (i.e. processes, tools).
- b. Specify daily average revenue dollar amounts and number of deposits per week you made or supervised.

5. Please describe in detail your knowledge of retail operations or business management as they apply to a retail sales agent.

Print Name

Title (if applicable)

Signature

Date



AUTHORIZATION TO ACCESS CREDIT HISTORY

I authorize the Oregon Liquor and Cannabis Commission to conduct a background check on me with an authorized credit bureau.

Any credit information obtained by the Commission originating from the inquiry will be used only as consideration for agent appointment and will be kept secure and confidential by the Commission.

NAME (First, MI, Last):	MAIDEN NAME:
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HOME STREET ADDRESS (DO NOT LIST PO BOX):

CITY:	STATE:	ZIP CODE:
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DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY NUMBER*:
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*Based on the Commission's obligation under OAR 845-015-0125, we are requesting your voluntary consent to use your Social Security Number only to review your credit history. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your Social Security Number for these administrative purposes. 5 USC 552(a). If you consent to these uses, please sign below.

SIGNATURE:	DATE:
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OFFICE USE ONLY

REASON FOR REQUEST: _____ Application for Retail Sales Agent Appointment

*REQUESTING AUTHORITY: _____ DATE: _____

*To be signed by Distilled Spirits Program staff only

VOLUNTARY INFORMATION

This voluntary information will be used for research and statistical purposes only.

Ethnic Background (check only one)

Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Pakistan, the Philippine Islands, Thailand and Samoa.

Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native American or Alaskan Native: Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

Hispanic or Latino: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of ethnicity.

African American (not of Hispanic origin): Person having origins in any of the black ethnic groups.



AUTHORIZATION TO ACCESS CRIMINAL HISTORY

By signing this form, I authorize the Oregon Liquor and Cannabis Commission (OLCC) to conduct a criminal background check on me. I understand that I cannot be appointed as an agent until a criminal background check has been performed and I agree to furnish the required information.

I understand that any information received by the Commission, as a result of this inquiry, will be used only for its consideration and will be kept in confidence.

I understand that the existence of a criminal record in itself will not automatically preclude me from appointment as an agent. The 1964 Civil Rights Act (Title VII) protects applicants against employer discrimination based on an arrest record alone. Contact the Oregon Bureau of Labor and Industries for any rights under the law.

I understand that I have the right to be told if the information in my file has been used to deny my application for employment; that I can find out what is in my file; and that I can dispute inaccurate information under the Fair Credit Reporting Act.

NAME (First, MI, Last):	SOCIAL SECURITY NUMBER*:
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LIST ANY OTHER NAMES, WHICH YOU HAVE USED, OR BY WHICH YOU HAVE BEEN KNOWN. INCLUDE ALIASES, MAIDEN NAME AND NICKNAMES.

HOME STREET ADDRESS (DO NOT LIST PO BOX):	CITY:	STATE:	ZIP CODE:
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DATE OF BIRTH:	DO YOU HAVE A DRIVER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: _____ LICENSE #:
PLACE OF BIRTH:	

SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LIST ANY OTHER STATES/COUNTRIES WHERE YOU HAVE BEEN LICENSED:
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RACE:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
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LIST ANY CRIMINAL CHARGES FOR WHICH YOU WERE CONVICTED, OR PLED GUILTY OR NO CONTEST, INCLUDING DATES OF CONVICTION OR PLEA AND JURISDICTION:

SIGNATURE:	DATE:
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*Based on the Commission's obligation under OAR 845-015-0125, OLCC is requesting your voluntary consent to use your Social Security Number only to conduct a criminal history check. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your Social Security Number for these administrative purposes. 5 USC 552(a). If you consent to these uses, please sign below.

SIGNATURE:	DATE:
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OFFICE USE ONLY	
REASON FOR REQUEST: _____	Application for Retail Sales Agent Appointment
REQUESTING AUTHORITY: _____	DATE: _____
AUTHORIZED BY: _____	Enforcement and Field Operations Director/Deputy Director