



OREGON LIQUOR CONTROL COMMISSION

Marijuana Business Individual History Form

What is this form?

Use this form to provide personal history information for an individual who will hold a license as a sole proprietor, partner, or member of a legal entity. Each person must complete and sign their own history form.

What happened to the Marijuana Business Structure Form?

From January 2016 to March 2017, marijuana license applicants were directed to use the "Marijuana Business Structure Form." That document has been replaced with the following forms:

- **Marijuana Business Corporate Questionnaire**
- **Marijuana Business Limited Liability Questionnaire**
- **Marijuana Business Limited Partnership Questionnaire**
- **Marijuana Business Sole Proprietor/Other Entity form**
- **Marijuana Business Individual History form**

Who needs to complete a Marijuana Business Individual History form?

Start with the appropriate business structure form(s) listed above. The forms will provide information on which individuals will need to complete an individual history form based on their involvement and the type of business(es) to be licensed.

Other individuals with a financial interest in the business may need to complete an Individual History form as required by your Investigator. This may include landlords who receive a significant portion of the profits of the business other than as reasonable compensation for use of property, investors contributing all or the majority of the funds for the business but who are not otherwise a portion of any involved legal entity, and other parties who may have interest in or control over the licensed operations.

I know I have to submit fingerprints. How do I do this?

- The OLCC License Investigator assigned to your file will provide you with information on who needs fingerprints and how that information may be submitted. If you have already had your fingerprints taken, but it was not specifically for a recreational marijuana license in the last year, you may be required to re-submit fingerprint information. Wait for your Investigator to communicate this requirement.

***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 confirm your agreement that OLCC can use it for administrative purposes as well.

Based on our authority under ORS 475B.040 and OAR 845-025-1080(2), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to positively confirm your identity during the criminal records check. 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)). Please check the appropriate box next to the social security field indicating whether you consent or do not consent.



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Section 1 – Business Information

Legal Name of Business:	<i>Name of the legal entity the individual owns or has an interest in. For sole proprietors, this is your legal name.</i>
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Section 2 – Individual History Statement

Use your legal name. Do not use nicknames or abbreviations. If you use "Jr," "Sr." as part of your name, include it after your last name.

A. Name:
last name *first name* *middle initial*

Title/Position:

Date of Birth: Month: Day: Year:

B. Residence Address:

City: **State:** **ZIP:**

Phone: **Email:**

C. Social Security Number:

SSN is required. See disclosure on page 1.

	Yes	No
Do you consent to use of SSN for purposes of confirming identity during a criminal records check?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a spouse or registered domestic partner?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, spouse or domestic partner must also complete an individual history form.

Spouse's name:
last name *first name* *middle initial*

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