



Marijuana Business Individual History Form

Form Instructions

What is this form?

Use this form to provide personal history information for each individual who qualifies as an “applicant” for a marijuana license, as described in OAR [845-025-1045](#).

Each person must complete and sign their own history form.

Who needs to complete a Marijuana Business Individual History form?

Everyone who is an “applicant” for a license as described in [OAR 845-025-1045](#), must fill out an Individual History form.

The Commission may request that other individuals with a financial interest in the business complete an Individual History form. Unless specifically requested to do so by your license investigator, do not submit any Individual History forms for individuals who are not applicants and have only a financial interest in the business.

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

Do not submit fingerprints until OLCC requests that you do so.

If you have not previously submitted fingerprints for a recreational marijuana license, OLCC staff will reach out to the primary contact for the license application and request that you do so. This may happen when OLCC reaches out to confirm whether the license application is ready to move forward, or when the application is assigned to a license investigator.

If you have previously submitted fingerprints for a recreational marijuana license application, you will not typically need to submit new fingerprints as part of the application process for subsequent applications. After a license is issued, OLCC may exercise its discretionary authority under OAR [845-025-1080](#) to require a licensee to submit new fingerprints.



OREGON LIQUOR CONTROL COMMISSION

Marijuana Business Individual History Form

Section 1 – Individual History Statement

Name:			
	<i>first name</i>	<i>middle initial</i>	<i>last name</i>

Date of Birth:	/	/	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary
	<i>Month</i>	<i>Day</i>		<i>Year</i>	<input type="checkbox"/> Female

Which of the following best describes you? You may choose to opt-out of responding.

Mailing Address:			
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City:		State:		ZIP:	
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Contact Phone:		Contact Email:	
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Social Security Number:		<i>If you have a social security number, this field is required. See disclosure below.</i>	<input type="checkbox"/> I do not have a Social Security Number.
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***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.

	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"/>
Have you ever been convicted of a felony? <i>(If yes, attach an explanation. A conviction will not necessarily prevent you from obtaining a license.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any arrests or citations for misdemeanor or felony changes that are not resolved? <i>(If you are arrested, cited, or convicted after completing this document but before receiving an OLCC license, you must immediately notify your assigned investigator and submit a revised Individual History form. Failure to do so may result in license denial or cancellation.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please list the business name and license number or premises number of every OLCC liquor license or marijuana license (including research certificate or retail liquor agent) that you have applied for or received. This includes having a financial interest or ownership interest in a legal entity that applied for or held the license.

<i>Name of any business under which you have applied for or held any OLCC marijuana or liquor license:</i>

Section 2 – Acknowledgement

You must sign your own form. You cannot have your attorney or a person with power of attorney sign your form.
I affirm that my answers are true and correct. I understand that if my answers are not true and correct that the OLCC may deny my application. I understand that I must notify the Commission within 24 hours if I am arrested, cited or convicted for any misdemeanor or felony after submitting this form.

Signature: _____

Date: _____