



OREGON LIQUOR & CANNABIS COMMISSION

Closure of Business

What is this form?

Complete this form to notify OLCC of your intent to *temporarily* or *permanently* close your business.

Temporary Closure

A licensee who wishes to temporarily close their business for longer than 30 days may do so by completing this form.

Submit your request for a temporary closure via email to: OLCC.Marijuana@oregon.gov

Permanent Closure

A licensee who wishes to voluntarily surrender their recreational marijuana license may do so by completing this form. If you are requesting to surrender your license, there are additional steps that OLCC must take prior to accepting the surrender. An OLCC representative will contact you shortly.

Submit your request for a permanent closure via email to: OLCC.MJSurrenders@oregon.gov

Section 1 – Closure of Business Information

License Number:		Request Date:	
Licensee Name:			
Premises Address:			
Date(s) of Closure:			
Closure Type:	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		

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I am requesting to surrender my license. I understand that there are additional steps that OLCC must take prior to accepting the surrender and that I am responsible for the activity at the licensed premises until my surrender is accepted.

Section 2 – Signature

I attest that I am entitled to act on behalf of this license and that all of the information above is true and correct.

Signature: _____

Date: _____

Name: _____

Title: _____