



**OREGON LIQUOR CONTROL COMMISSION**

**Supplemental Form:  
PRD Information Disclosure**

---

**What is this form?**

Use this form **only** if you are a person responsible for a marijuana dispensary (PRD) other than the primary PRD and are disclosing your registry information and contact information for a submitted **Form MJ 16-5201 Retailer Inventory Transfer Request**.

**Section 1 – Business Information**

Enter information for the business seeking to be licensed, as identified on the license application.

|                          |  |               |  |             |  |
|--------------------------|--|---------------|--|-------------|--|
| <b>Application ID:</b>   |  |               |  |             |  |
| <b>Business Name:</b>    |  |               |  |             |  |
| <b>License Type:</b>     |  |               |  |             |  |
| <b>Trade Name:</b>       |  |               |  |             |  |
| <b>Premises Address:</b> |  |               |  |             |  |
| <b>City:</b>             |  | <b>State:</b> |  | <b>ZIP:</b> |  |

**Section 2 – PRD Disclosure**

|   |  |   |   |             |                      |
|---|--|---|---|-------------|----------------------|
| <b>PRD Name:</b>                                  | <input type="text"/><br><i>last name</i> | <input type="text"/><br><i>first name</i> | <input type="text"/><br><i>middle initial</i> |             |                      |
| <b>MMD #:</b>                                     | <input type="text"/>                     | <b>Date of Birth</b> (MM-DD-YYYY):        | <input type="text"/>                          |             |                      |
| <b>Phone:</b>                                     | <input type="text"/>                     | <b>Email:</b>                             | <input type="text"/>                          |             |                      |
| <b>Mailing Address:</b>                           | <input type="text"/>                     |   |   |             |                      |
| <b>City:</b>                                      | <input type="text"/>                     | <b>State:</b>                             | <input type="text"/>                          | <b>ZIP:</b> | <input type="text"/> |
| <b>Is this PRD an applicant for the license?:</b> | <b>Yes</b> <input type="checkbox"/>      | <b>No</b> <input type="checkbox"/>        |   |             |                      |