

TO MAKE A CHANGE IN CURRENT LIMITED LIABILITY COMPANY (MEMBERSHIP/INTEREST)



Please return completed documents to your local OLCC office.

DATE OF REQUEST: _____ TYPE OF LICENSE: _____

NAME OF LICENSEE: _____

CONTACT PERSON: _____

TRADENAME: _____

BUSINESS LOCATION: _____
(Address) (City) (Zip)

PHONE :() _____

E-MAIL: _____

Please submit the items below: - ITEMS IN BOLD ARE OLCC FORMS

1. **LIMITED LIABILITY COMPANY QUESTIONNAIRE**
2. **INDIVIDUAL HISTORY FORM FOR NEW MEMBER(S)**
3. **STATEMENT OF FUNDING FOR NEW MEMBER(S)**
4. COPY OF NEW MEMBERSHIP AGREEMENT, SIGNED AND DATED
(if you do not have a written membership agreement, please include a written summary of your membership agreement)
5. A WRITTEN SIGNED STATEMENT FROM ANY MEMBER DROPPING FROM LLC

DO NOT CONSIDER YOUR REQUEST APPROVED UNTIL YOU RECEIVE WRITTEN APPROVAL FROM OLCC STAFF.



INDIVIDUAL HISTORY

WHO MUST COMPLETE THIS FORM?

You must complete this form if on the **LIQUOR LICENSE APPLICATION**:

- Your name is listed as an applicant in the “Entity or Individuals applying for the license” section
- A corporation is listed as an applicant in the “Entity or Individuals applying for the license” section and you are:
 - President; a Vice President with responsibility over the operation of the business; Secretary; or Treasurer
 - A Director who owns or controls 3% or more of the voting stock
 - A person holding or controlling 10% or more of any issued stock
- A limited liability company (LLC) is listed as an applicant in the “Entity or Individuals applying for the license” section and you are:
 - A Managing Member of the LLC (this is a person designated to manage the LLC; it may or may not be the same person designated to manage the business)
 - A Member who owns or controls 10% or more of the membership

IN ADDITION, THE OLCC MAY REQUIRE THE FOLLOWING PEOPLE TO COMPLETE THIS FORM:

- A person who is a manager. This is a person who has decision-making authority for the business and whose primary duties include controlling the operation of the licensed premises and its employees regarding the sale/service of alcoholic beverages.
- Other persons when there is reason to believe it may help the OLCC in its investigation.

DIRECTIONS FOR COMPLETING FORM

1. Please print or type in ink. The OLCC must be able to read your form.
2. If the question doesn't apply, write N/A in the space.
3. Attach additional sheets when necessary.



OREGON LIQUOR CONTROL COMMISSION

INDIVIDUAL HISTORY

1. Trade Name _____ 2. City _____

3. Name _____
(Last) (First) (Middle)

4. Other names used (maiden, other) _____

5. *SSN ____ - ____ - ____ 6. Place of Birth _____ 7. DOB ____ / ____ / ____ 8. Sex M F
(State or Country) (mm) (dd) (yyyy)

*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 sign below.

Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. 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). If you consent to these uses, please sign here:

Applicant Signature: _____

9. Driver License or State ID # _____ 10. State _____

11. Residence Address _____
(number and street) (city) (state) (zip code)

12. Mailing Address (if different) _____
(number and street) (city) (state) (zip code)

13. Contact Phone _____ 14. E-Mail address (optional) _____

15. Do you have a spouse or domestic partner? Yes No
If yes, list his/her full name: _____

16. If yes to #15, will this person work at or be involved in the operation or management of the business?
 Yes No

17. List all states, other than Oregon, where you have lived during the past ten years:

18. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of driving a car with a suspended driver's license or driving a car with no insurance?
 Yes No Unsure If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

19. In the past 12 years, have you been **convicted** ("convicted" includes paying a fine) in Oregon or any other state of a misdemeanor or a felony ? Yes No Unsure
If yes, list the date(s), or approximate dates, and type(s) of convictions. If unsure, explain. You may include the information on a separate sheet.

20. Trade Name _____ 21. City _____

22. Do you have any arrests or citations that have not been resolved? Yes No Unsure
If yes or unsure, explain here or include the information on a separate sheet.

23. Have you ever been in a drug or alcohol **diversion program** in Oregon or any other state? (A diversion program is where you are required, usually by the court or another government agency, to complete certain requirements in place of being convicted of a drug or alcohol-related offense.) Yes No Unsure
If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

24. Do you, or any legal entity that you are a part of, **currently hold** or **have previously held** a liquor license in Oregon or another US state? (Note: a service permit is not a liquor license.) Yes No Unsure
If yes, list the name(s) of the business, the city (or cities) and state (or states) where located, and the date(s) of the license(s). If unsure, explain. You may include the information on a separate sheet.

25. Have you, or any legal entity that you are a part of, ever had an application for a license, permit, or certificate **denied or cancelled** by the OLCC or any other governmental agency in the US?
 Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

Questions 26 and 27 apply if you, or any legal entity that you are part of, are applying for a Full On-Premises, Limited On-Premises, Off-Premises, or Brewery-Public House license. If you are not applying for one of those licenses, mark "N/A" on Questions 26 & 27.

26. Do you have any ownership interest in any other business that makes, wholesales, or distributes alcohol? N/A Yes No Unsure If yes, list the date(s), or approximate dates. If unsure, explain. You may include the information on a separate sheet.

27. Does, or will, a maker, wholesaler, or distributor of alcohol have any ownership interest in your business?
 N/A Yes No Unsure If yes or unsure, explain:

Question 28 applies if you, or any legal entity that you are part of, are applying for a Brewery, Brewery-Public House, Distillery, Grower Sales Privilege, Warehouse, Wholesale Malt Beverage & Wine, or Winery license. If you are not applying for one of those licenses, mark "N/A" on Question 28.

28. Do you, or any legal entity that you are part of, have any ownership interest in any other business that sells alcohol at retail in Oregon? N/A Yes No Unsure If yes or unsure, explain:

You must sign your own form (you can't have your attorney or a person with power of attorney sign your form).

I affirm that my answers are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: _____ Date: _____



STATEMENT OF FUNDING SOURCES

Please Print or Type

Each person who invests money in this licensed business must complete this form which will become a part of the permanent file. The information must be printed legibly in ink or typed.

New outlet, change of ownership, change of location
 Not including amounts you will owe on contract, what is the approximate total amount you will put into this business to buy or start it up? (For example: advance rent payment, down payments on contracts, buying inventory, remodeling, city and licensing fees, purchasing stock in a corporation or membership interest in an LLC.)

Total \$

OR

Change to existing license (greater privilege, additional privilege, change in legal entity, extension of premises, remodel)

What is the approximate total amount you will put into making the change you are requesting? (For example: buying inventory, remodeling, city and licensing fees, purchasing stock in a corporation or membership interest in an LLC.)

Total \$

Identify where you got your investment money. List the full name of the bank, lender, or person who loaned or gave you money. The total in this section should be equal to, or more than, the total amount listed above.

	\$	
	\$	
	\$	
	\$	

Sworn Statement: I swear the above information 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. The OLCC may also refuse to grant my license application or if the license is granted may act to revoke my license based on a false sworn statement.

Trade Name (d.b.a.) _____ City _____

Printed Name _____

Signature _____ Date _____