

APPLICATION INSTRUCTIONS



RETAIL SALES AGENT APPOINTMENT FOR AN INDIVIDUAL

Please keep in mind, an appointed agent is an independent contractor for the State of Oregon. This person will operate the retail liquor location on behalf of the OLCC and has no rights to ownership of the distilled spirits inventory or revenue. Retail sales agents and their staff are not considered employees of the state.

Refer to the Information Sheet for more details about the appointment process.

When completing the application, please consider the following:

- **EVERY** section of the application **MUST** be filled out prior to submitting the application by the deadline stated on the Information Sheet.
- An application is intended for one individual only. If there are multiple individuals on a single application, the application will not be considered.
- If applying for more than one location, a separate application for each is required.
- Responses to the Supplemental Questions must be included with each application.

A detailed business plan **MUST** accompany each submitted application. Content at a minimum must include:

- Proposed retail liquor location including address
- Type of business to be operated in conjunction with the retail liquor location (if applying for a non-exclusive)
- A summary of how the liquor location will improve convenience to the public
- Distance from the proposed location to a school, house of worship or an alcohol treatment center (if location is within 1000 feet)
- Control plan describing how the applicant will prevent access to minors and reduce opportunities for theft
- Expected consumer demand (with supporting data and sources) at the location including:
 - Population count (21 and older) within a one mile radius
 - Traffic patterns and traffic count
 - Estimated distilled spirits sales
 - Potential impact to existing liquor stores
 - Other relevant business factors to be considered
- Hours of operation (distilled spirits sales can only be from 7 a.m. to 10 p.m.)
- Photographs of proposed location (exterior/interior) and if applicable any architectural renderings of upgrades to the proposed location or new construction

- Configuration of retail location including:
 - Total square feet dedicated to the proposed distilled spirits area and stockroom; total linear feet of sales floor shelving dedicated to distilled spirits
 - Detailed floor plan (including stockroom) indicating where the distilled spirits categories will be located
 - Detailed description of exterior signage and internal fixtures and equipment that will be used to merchandise and account for distilled spirits sales and inventory
- Product selection:
 - Number of products in each distilled spirits category
 - List of products and sizes in each distilled spirits category
- Detailed description and estimated cost breakdown for start-up costs, payroll, rent, site improvements, fixtures and equipment, etc. that will be used to merchandise and account for distilled spirits sales and inventory. Supply financial documentation that shows source of funds to accomplish the build-out. Note: If applying for more than one location, financial documents must show sufficient funds for each.

To be considered, the submitted application packet **MUST** include:

- 1) A completed Retail Sales Agent Application for An Individual (pages 1-13).
- | | |
|--|--|
| <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Statement of Funding Sources for Retail Sales Agent Appointment including copies of bank, portfolio and/or approved loan documents showing the required minimum financial amount stated in the applicant's business plan. When submitting bank or portfolio statement(s), highlight the current total balance for each account and redact any account number information.</p> <p><input type="checkbox"/> Authorization To Access Credit Check</p> | <p><input type="checkbox"/> Authorization To Access Criminal History</p> <p><input type="checkbox"/> Acknowledgement of Eligibility</p> <p><input type="checkbox"/> Declaration Information</p> <p><input type="checkbox"/> Supplemental Questions</p> |
|--|--|
- 2) A detailed business plan as described above.

Application packets that are incomplete will not be considered.

Please feel free to contact the Retail Services Division with any questions regarding the application or appointment process.

OREGON LIQUOR CONTROL COMMISSION
ATTN: RETAIL SERVICES DIVISION
Mailing Address: PO Box 22297, Milwaukie, OR 97222-7355
Main Office: 9079 SE McLoughlin Blvd, Portland OR 97269-2297
Phone: 503-872-5020 OR 1-800-426-2004, Dept # 62
FAX: 503-872-5355
Email: olcc.retailservices@oregon.gov

Please remove this page prior to submitting the application.

WORK HISTORY

List below in reverse chronological order the positions you have held, starting with your present or most recent job first. Under "List of Duties" emphasize your job-related skills, abilities, tasks, and responsibilities which relate to criteria set forth in OAR 845-015-0125 subsection 1. If more space is required, attach a separate sheet.

POSITION 1

NAME OF EMPLOYER:	EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE)		
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER		
POSITION/JOB TITLE:	FROM (MONTH - YEAR)	TO (MONTH - YEAR)	TOTAL TIME IN CURRENT OR LAST POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

POSITION 2

NAME OF EMPLOYER:	EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE)		
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER		
POSITION/JOB TITLE:	FROM (MONTH - YEAR)	TO (MONTH - YEAR)	TOTAL TIME IN CURRENT OR LAST POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

WORK HISTORY (cont.)

POSITION 3			
NAME OF EMPLOYER:		EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE)	
TYPE OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER	
POSITION/JOB TITLE:	FROM (MONTH - YEAR)	TO (MONTH - YEAR)	TOTAL TIME IN CURRENT OR LAST POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

POSITION 4			
NAME OF EMPLOYER:		EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE)	
TYPE OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER	
POSITION/JOB TITLE:	FROM (MONTH - YEAR)	TO (MONTH - YEAR)	TOTAL TIME IN CURRENT OR LAST POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

WORK HISTORY (cont.)

POSITION 5			
NAME OF EMPLOYER:		EMPLOYER'S LOCATION (ADDRESS, CITY, AND STATE)	
TYPE OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER	
POSITION/JOB TITLE:	FROM (MONTH - YEAR)	TO (MONTH - YEAR)	TOTAL TIME IN CURRENT OR LAST POSITION:
LIST OF DUTIES (BE SPECIFIC):			
REASON FOR LEAVING THIS POSITION:			

CERTIFICATION AND SIGNATURE

An Agent shall perform all services under the Retail Sales Agent Agreement as an independent contractor. An Agent will not be an officer, employee or agent of the Commission as those terms are used in ORS 30.265. An Agent will not be a contributing member of the Public Employees Retirement System and will be responsible for any federal or state taxes applicable to compensation or payments paid to Agent under this Agreement. An Agent will not be eligible for any benefits from any payments made under this Agreement for federal Social Security, unemployment insurance, workers compensation, or the Public Employees Retirement System, except as a self-employed individual, or except as provided in ORS 471.752. An Agent will certify that Agent is not an employee of the State of Oregon for purposes of performing work under the Agreement.

By my signature, I certify that I have read the application, information circulars, and administrative rules regarding this application; and that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my retail sales agreement with the OLCC terminated. I understand that if I am selected as an agent, I must provide my social security number or employee identification number (EIN) so that the Oregon Liquor Control Commission can report my income for tax purposes to the State of Oregon and the Internal Revenue Service. 42 USC 405(c) (2)(C)(i); 26 USC 6109; 26CFR 301.6109-1.

SIGNATURE (MUST BE IN INK):	DATE:
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RETURN TO:	<p>OREGON LIQUOR CONTROL COMMISSION ATTN: RETAIL SERVICES DIVISION Mailing Address: PO Box 22297, Milwaukie, OR 97222-7355 Main Office: 9079 SE McLoughlin Blvd, Portland OR 97269-2297 Phone: 503-872-5020 OR 1-800-426-2004, Dept # 62 Fax: 503-872-5355</p>
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STATEMENT OF FUNDING SOURCES FOR RETAIL SALES AGENT APPOINTMENT

INDIVIDUAL'S NAME <small>(First, MI, Last)</small>	
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PROPOSED RETAIL LIQUOR LOCATION	STREET ADDRESS		
	CITY	ZIP CODE	

Describe the funding source(s) that will be used to finance any start-up costs, purchasing fixtures and equipment and meet the operating expenses of the retail location for two months before receiving the first compensation payment.

Supporting documentation must be submitted (bank statements, financial institute documentation showing pre-approved line of credit, portfolio statements, etc.) with the application to demonstrate sufficient funds are available. Please redact any account number information.

Enter the total estimated dollar amount for establishing the retail liquor location as stated in the business plan.	\$
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	Source of Funds <small>(Do not include account numbers)</small>	Dollar Amount
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL AMOUNT OF FUNDS <small>(Must equal or exceed the estimated dollar amount for establishing the retail liquor location stated in the business plan)</small>		

COMMENTS (optional):

Please answer yes or no to the following questions. Attach additional pages if needed.	YES	NO
Have any of your notes, accounts receivable, for securities been assigned, pledged, sold or discounted? If so, please explain fully.		
Are liens or judgments filed on any of your property? If so, please explain fully.		
Have you ever been bankrupt or insolvent? If so, how long ago? If so, please explain fully.		
Are you acting as surety or bondsman for others, or as endorser on their notes or accounts? If so, give name, nature, and amount.		
Do you have any other contingent liabilities? If so, please explain.		

Sworn Statement: I swear the information provided on this form 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. I understand that should an investigation disclose untruthful or misleading answers, the application may be rejected or withdrawn from consideration, or the retail sales agent agreement with the OLCC terminated.

The undersigned hereby authorizes and request any person, firm, or corporation to furnish any information requested by the Oregon Liquor Control Commission concerning any transaction or account with the undersigned; and the Oregon Liquor Control Commission may furnish copies of the forgoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing additional information.

Signature

Title (if applicable)

Print Name

Date



AUTHORIZATION TO ACCESS CREDIT CHECK

I authorize the Oregon Liquor Control Commission to complete a credit check on me with an appropriate credit bureau.

Any information obtained by the Commission originating from the inquiry will be used only for its consideration and will be kept in confidence.

NAME (LAST, FIRST, MI)		MAIDEN NAME
HOME STREET ADDRESS (DO NOT LIST PO BOX)		
CITY	STATE	ZIP CODE
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER*

*Based on the Commission's obligation under OAR 845-015-0125, we are requesting your voluntary consent to use your Social Security Number only to review your credit history. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your Social Security Number for these administrative purposes. 5 USC 552(a). If you consent to these uses, please sign below:

SIGNATURE (MUST BE IN INK):	DATE
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OFFICE USE ONLY

REASON FOR REQUEST _____ Application for Store Appointment _____

*REQUESTING AUTHORITY _____ DATE _____

*To be signed by Distilled Spirits Program staff only

VOLUNTARY INFORMATION

This voluntary information will be used for research and statistical purposes only.

Ethnic Background (check only one)

- Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.**
- Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Native American or Alaskan Native:** Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- African American (not of Hispanic origin):** Person having origins in any of the black ethnic groups.



AUTHORIZATION TO ACCESS CRIMINAL HISTORY

By signing this form, I authorize the Oregon Liquor Control Commission (OLCC) to conduct a criminal background check on me. I understand that I cannot be appointed as an agent until a criminal background check has been performed and I agree to furnish the required information.

I understand that any information received by the Commission, as a result of this inquiry, will be used only for its consideration and will be kept in confidence.

I understand that the existence of a criminal record in itself will not automatically preclude me from appointment as an agent. The 1964 Civil Rights Act (Title VII) protects applicants against employer discrimination based on an arrest record alone. Contact the Oregon Bureau of Labor and Industries for any rights under the law.

I understand that I have the right to be told if the information in my file has been used to deny my application for employment; that I can find out what is in my file; and that I can dispute inaccurate information under the Fair Credit Reporting Act.

NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY NUMBER*
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LIST ANY OTHER NAMES, WHICH YOU HAVE USED, OR BY WHICH YOU HAVE BEEN KNOWN. INCLUDE ALIASES, MAIDEN NAME AND NICKNAMES.

HOME STREET ADDRESS (DO NOT LIST PO BOX)	CITY	STATE	ZIP
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DATE OF BIRTH:	DO YOU HAVE A DRIVER'S LICENSE?
PLACE OF BIRTH:	<input type="checkbox"/> YES <input type="checkbox"/> NO STATE LICENSE #

SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LIST ANY OTHER STATES/COUNTRIES WHERE YOU HAVE BEEN LICENSED:
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RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
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LIST ANY CRIMINAL CHARGES FOR WHICH YOU WERE CONVICTED, OR PLED GUILTY OR NO CONTEST, INCLUDING DATES OF CONVICTION OR PLEA AND JURISDICTION:

SIGNATURE (MUST BE IN INK):	DATE:
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*Based on the Commission's obligation under OAR 845-015-0125, we are requesting your voluntary consent to use your Social Security Number only to conduct a criminal history check. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your Social Security Number for these administrative purposes. 5 USC 552(a). If you consent to these uses, please sign below:

SIGNATURE (MUST BE IN INK):	DATE:
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OFFICE USE ONLY

REASON FOR REQUEST _____ Application for Store Appointment _____

REQUESTING AUTHORITY _____ DATE _____

AUTHORIZED BY _____

Enforcement and Field Operations Director/Deputy Director



ACKNOWLEDGEMENT OF ELIGIBILITY

There are certain prohibited interests that may preclude an applicant from becoming a retail sales agent.

ORS 471.710(3) states:

A retail sales agent appointed by the commission, or a person in the household or immediate family of a retail sales agent, may not have any financial interest in or business connection with:

- (A) A person or business that is licensed as a distillery;
- (B) A person or business that holds a full on-premises sales license; or
- (C) A distillery whose products are sold in Oregon.

OAR 845-015-0115 Retail Sales Agent Eligibility states:

(1) A retail sales agent who is an individual person must be at least 21 years old. Retail sales agents must devote enough time to a retail liquor store to ensure its efficient operation and reasonable service to the public.

(2) A retail sales agent may not have a financial interest or business connection that ORS 471.710(3) or OAR 845-015-0118 prohibits.

(3) A retail sales agent cannot be a Commission licensee or an officer, director, substantial stockholder or member of a licensee, except that:

(a) A non-exclusive retail sales agent may be an Off-Premises Sales licensee. An exclusive retail sales agent may be an Off-Premises Sales licensee provided that the licensed business is separate from the retail liquor store; or

(b) The Commission may appoint a licensee if the licensee is the only suitable applicant for appointment as retail sales agent in a very small town in a remote area. This retail liquor store must be non-exclusive and must be located in a part of the premises completely separated from the service or consumption of alcoholic beverages.

OAR 845-015-0118 Retail Sales Agent Prohibited Interests, ORS 471.710(3) states:

(1) Definitions: As used in ORS 471.710(3) and this rule:

(a) "Liquor Store Agent" has the same meaning as a retail sales agent, as defined in OAR 845-015-0101(5);

(b) "Financial Interest" means knowingly having an ownership interest, as a sole proprietor, partner, limited partner or stockholder or any direct or indirect ownership interest through a device such as a holding company, in a business licensed with a Distillery or Full On-Premises Sales license or any distillery whose products are sold in Oregon;

(c) "Business Connections" include, but are not limited to:

(A) Knowingly providing anything of value to a person or business licensed with a Distillery or Full On-Premises Sales license or to any distillery whose products are sold in Oregon, in return for something of value. This rule does not, however, prohibit persons and licensees from providing commodities and services to each other that they routinely provide to the general public under the same terms;

(B) Partnerships with a person or business licensed with a Distillery or Full On-Premises Sales license, or to any distillery whose products are sold in Oregon, and similar ventures formed for the purpose of making profit,

(d) "Knowingly" means a person actually knew or reasonably should have known;

(e) "Household" means all persons living as a family unit in the same dwelling;

(f) "Immediate Family" means spouse or Domestic Partner, and minor dependent children.

(g) "Domestic Partner" means an individual who, along with another individual of the same sex, has received a Certificate of Registered Domestic Partnership pursuant to the Oregon Family Fairness Act.

(h) "Company Principal" means a person who holds any of the following interests in a legal entity that is a retail sales agent or an applicant for appointment as a retail sales agent:

(A) An officer;

(B) A director;

(C) A person who owns or controls 10% or more stock in the entity or holds 10% or more of the total membership interests in the entity or whose investment interest is 10% or more of the total investment interests in the entity;

(D) A manager of a limited liability corporation or limited liability partnership or the general partner of a limited partnership.

(2) Prohibited Interests. No retail sales agent, company principal, or member of the agent's household or immediate family may hold a Financial Interest or Business Connection as those terms are defined in section (1) of this rule.

(3) Additional Prohibitions:

(a) No retail sales agent, company principal or member of the agent's household or immediate family may be employed by a business that is licensed with a Distillery or Full On-Premises Sales license unless:

(A) The person's job duties do not include involvement with that portion of the business that requires an alcoholic beverage license to operate; or

(B) The person exercises no management control over that portion of the business that requires an alcoholic beverage license to operate.

(b) No retail sales agent, company principal or member of the agent's household or immediate family may be employed by any distillery whose products are sold in Oregon.

(4) Reporting Requirements:

(a) All retail sales agent applicants must complete and sign a form describing any financial interest or business connection the applicant, company principal or any person in the applicant's household or immediate family has, that the applicant would reasonably know of, with a Distillery or Full On-Premises Sales licensee, or with a distillery whose products are sold in Oregon. The Commission will determine whether any prohibited interest or connection exists. An applicant, company principal or person in the applicant's household or immediate family who has a prohibited interest or connection must divest the interest or connection before the Commission appoints the applicant;

(b) A retail sales agent must report, to the agent's district manager, any prohibited interest or connection with a Distillery, Full On-Premises Sales licensee or a distillery whose products are sold in Oregon as soon as the agent would reasonably know of the interest or connection. If ORS 471.710(3) or this rule prohibits the interest or connection, the Commission will set a reasonable time period for divestiture. If the retail sales agent, company principal, household member or immediate family member fails to divest, the Commission will terminate the agent's contract.

(5) Gifts and Gratuities: No retail sales agent will accept any gift, gratuity or thing of value from any Distillery or Full On-Premises Sales licensee or any distillery or any person representing a distillery, except that a retail sales agent may accept:

(a) Items totaling \$25 or less per year per licensee or distillery offered to retail sales agents as customers of the licensee or distillery as long as the items are offered on an equal basis to all customers irrespective of any connection to the Commission;

(b) Food and beverages provided for immediate consumption at a convention or a business conference or meeting that are offered to all participants irrespective of any connection to the Commission;

(c) A non-alcoholic beverage for immediate consumption that a licensee offers at a business meeting;

(d) Items offered to all participants at a convention irrespective of any connection to the Commission.

(6) Disciplinary Actions: The Commission will appropriately discipline a retail sales agent who:

(a) Fails to report a prohibited interest or connection as section (4) of this rule requires;

(b) Knowingly acquires an interest or establishes a connection that ORS 471.710 or this rule prohibits; and

(c) Accepts a gift or gratuity that section (5) of this rule prohibits.

If there is a conflict of interest, a separate sheet must be included fully explaining the issue and how the applicant will remedy the conflict.

I hereby acknowledge that I have read and understand the provisions of ORS 471.710(3), OAR 845-015-0115 and OAR 845-015-0118.

Signature

Title (if applicable)

Print Name

Date



DECLARATION INFORMATION

The undersigned applicant hereby affirms the following declarations are true and made without reservations.

NAME (LAST, FIRST, M.I.)

HOME ADDRESS

CITY STATE ZIP CODE

Please answer yes or no to the following questions. Attach additional pages if needed.

YES NO

1. Have you ever gambled to excess? If yes, how often?

2. Do you play Oregon's or any other state's lottery games? If yes, how often?

3. Have you ever been short in your accounts in your present or previous employments? If yes, give details and attach additional sheets if needed.

4. Have you been convicted of **any** violation, misdemeanor or felony in Oregon or any other state? If yes, give details and attach additional sheets if needed.

5. Have you ever entered into a diversion agreement? If yes, give details and attach additional sheets if needed.

6. Do you have any arrests or citations that have not been resolved? If yes, give details and attach additional sheets if needed.

7. Has your application for a bond ever been declined? If so, by whom?

8. Have you ever used intoxicating drugs or liquors to excess? How long since?

9. Have you ever been discharged from any position? If yes, give details and attach additional sheets if needed.

10. Are you a relative of any OLCC personnel? If so, please give name(s).

SIGNATURE (MUST BE IN INK):

DATE



SUPPLEMENTAL QUESTIONS

TYPE/PRINT IN INK. As part of the agent application process, the following questions must be answered. Attach additional sheets if needed.

INDIVIDUAL'S NAME (First, MI, Last)	
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PROPOSED RETAIL LIQUOR LOCATION	STREET ADDRESS			
	CITY		ZIP CODE	

1. How many hours a week do you intend to devote, on site, to the operation of the retail liquor location? An answer must include a minimum number of hours.

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2. Is this liquor location going to be inside another business? If yes, describe the type of business that will be operated in conjunction with distilled spirits.

Note: OAR 845-015-0115 in part and the Retail Operations Manual requires exclusive liquor stores inside another business must be separated from the other business by a solid wall.

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3. This position requires knowledge of inventory management. Describe in detail your highest level of experience and include monthly average dollars, monthly average number of items or any other pertinent information.

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CONTINUE ON THE NEXT PAGE

4. This position requires knowledge of accurate revenue accountability. Describe in detail your highest level of experience including daily average revenue amounts and number of deposits.

5. Please describe in detail your knowledge of retail operations or business management as they apply to this position.

Signature

Title (If applicable)

Print Name

Date