



INDIVIDUAL HISTORY

Please complete this form by typing or clearly printing in dark ink. If this material is not complete (pages 1-13), the Retail Sales Agent Appointment Application will not be accepted. A RESUME WILL NOT BE ACCEPTED IN PLACE OF THIS INDIVIDUAL HISTORY PACKET (PAGES 1-13).

LLC/CORPORATION NAME			
PROPOSED RETAIL LIQUOR LOCATION	STREET ADDRESS		
	CITY	ZIP CODE	

Only one box can be checked for each Individual History packet.

When a LLC is applying for a Retail Sales Agent Appointment, the following individual(s) must complete an Individual History packet

- Managing Member listed on line 1 of the "Managing Members List" found on page 1 of the Retail Sales Agent Appointment for a LLC
- Premises Manager (if different from the Managing Member above) handling day-to-day operation at the proposed location.

When a corporation is applying for a Retail Sales Agent Appointment, the following individuals must complete an Individual History packet

- The individual (i.e. Regional, District, Area Manager) that will be supervising the Premises Manager
- Premises Manager handling day-to-day operation at the proposed location.

NAME (First, MI, Last):	HOME PHONE (including area code):
MAILING ADDRESS:	WORK PHONE (including area code):
CITY: STATE: ZIP CODE:	CELL PHONE (including area code):
EMAIL ADDRESS:	FAX:

Do you have a high school diploma or GED certificate? YES NO

EDUCATION / TRAINING HISTORY

List colleges, trade, or business schools attended.

Name and Location of School, College, or University	Course of Study (List Major)	Did you Graduate? (Yes/No)	Degree or Certificate Received (AA, BA, BS, MS, PhD)
A			
B			
C			

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

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 (MUST BE IN INK):

DATE:

RETURN TO:

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



FINANCIAL DISCLOSURE

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

Please answer yes or no to the following questions. Attach additional pages if needed		YES	NO
1.	Have any of your notes, accounts receivable, or securities been assigned, pledged, sold or discounted?		
2.	Are liens or judgements filed on any of your property? If so, please explain fully.		
3.	Have you ever been bankrupt or insolvent? If so, how long ago? Explain fully.		

	Continue to answer yes or no to the following questions. Attach additional pages if needed.	YES	NO
4.	Are you acting as surety or bondsman for others, or as endorser on their notes or accounts? If so, give name, nature, and amount.		
5.	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.

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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 (First, MI, Last)		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 (First, MI, Last)	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 (First, MI, Last)

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. | | |
|---|--|--|

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|--|--|--|
| 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
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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)				
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.

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.

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.

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