



OREGON LIQUOR CONTROL COMMISSION
**ALCOHOL SERVER EDUCATION/LIQUOR LIABILITY
 INSURANCE EXEMPTION REQUEST**

Please Print or Type

Name: _____ Date of birth: ___/___/___
mm dd yyyy

Licensee name (if different than above): _____

Trade Name (dba): _____ License Type: _____

Business Location Address: _____

City: _____ ZIP Code: _____

This request form must be completed and signed by an OLCC licensee or license applicant. If the licensee or applicant is a corporation, limited liability company (LLC), or limited partnership, the application must be signed by a corporate officer or director (corporation), a member or managing member (LLC only) or a partner.

I am requesting: (check all that apply)

- Exemption from alcohol server education requirements for an individual licensee or license applicant.** In requesting this exemption, I hereby swear and affirm that: I will not engage in the sale or service of alcoholic beverages for consumption on OLCC-licensed premises, I will not directly manage or supervise persons who sell or serve alcohol for consumption on OLCC-licensed premises, and will not participate in establishing policies governing the sale or service of alcoholic beverages on any OLCC-licensed premises. I have a co-licensee or manager who meets this requirement.

 (name of co-licensee or manager)

 (date of birth)

- Exemption from alcohol server education and liquor liability insurance requirements for a business licensed with an OLCC winery, brewery, or grower sales privilege license.** In requesting this exemption, I hereby swear and affirm that the licensee(s) will not sell alcoholic beverages for consumption on the above-named premises, and will not allow the consumption of alcoholic beverages on the licensed premises. _____

Initial here

By initialing and signing this application, I swear all of the information on this application is true and correct, and I understand that under Oregon law (ORS 162.075) false swearing is a Class A misdemeanor.

Applicant Signature: _____ Date: _____

OLCC USE ONLY: Application Approved by _____ Date _____ Denied
 License No. _____ Premises No. _____