



## OREGON LIQUOR CONTROL COMMISSION

# Marijuana Business Structure

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### What is this form?

This form is required for each legal entity with a financial or controlling interest in the business to be licensed, including the primary business. **All interested parties must be listed.** The parties completing this form must designate which parties are applicants and should review the [Qualifications of an Applicant under OAR 845-025-1045](#). When designating a legal entity as an applicant, additional applicants will be required to be identified as specified under this rule.

### How do I add someone I didn't include in the Online Licensing System?

Check the appropriate box under item "B" for that person and include the person's Social Security Number\*.

### Who must be listed as an applicant?

- Any individual or legal entity who has both a financial interest and is directly involved in controlling the ordinary course business.
- If a legal entity is designated as an applicant, the following individuals must also be identified as applicants:
  - All partners in a limited partnership
  - All members of a limited liability company
  - All directors and principal officers of a corporate entity
  - Any individual or entity receiving more than 50% of the net profits
  - Any individual owning 10% or more of the legal entity

### Who must be listed as an interested party?

- Any individual with a financial interest must be listed as an interested party. Parties with financial interest include, but are not limited to:
  - The spouse or domestic partner of a party with an applicant. (The spouse or domestic partner must have their own line in addition to being listed in the "spouse" field.)
  - Receiving compensation for profit of the business beyond collection of rent or reasonable fees for products or services rendered.

**All entities or individuals who are identified as applicants must be recorded in the online licensing system. If you are adding parties to the application who have not been included in the online licensing system, please check the appropriate box under item "B" for that person.**

\*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 confirm your agreement that OLCC can use it for administrative purposes as well.

Based on our authority under ORS 475B.040 and OAR 845-025-1080(2), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to positively confirm your identity during the criminal records check. 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)). Please check the appropriate box next to the social security field indicating whether you consent or do not consent.



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**Section 1 – Business Information**

Record the information for the party or entity that will be doing business named on the application. If this business is a legal entity applying for a license, check the box marked "Applicant."

**If you are completing this form for an Interested Legal Entity**, use that entity information to complete sections 1 – 3.

<b>Entity Name:</b>					
<b>Entity Type:</b>				<b>Applicant:</b>	<input type="checkbox"/>
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

<b>Physical Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

<b>Primary Contact:</b>					
<b>Main Phone:</b>		<b>Cell Phone:</b>			
<b>Email:</b>					

**Yes**     **No**    **Will any individual or legal entity be entitled to collect a percentage or portion of the profits from the business other than an owner, member, or director of the listed legal entity or entities?**

This includes, but is not limited to:

- Employees who receive a percentage of the profits in lieu of, or in addition to, regular wages;
- A landlord who receive a percentage of the profits in lieu of, or in addition to, regular rental payments;
- An investor who is entitled to an ongoing portion of the profits;
- Any other person or entity who receives money in a proportion directly related to revenue or profit from the operation.

If "yes," submit the following:

- An additional **Form 15-1301 Marijuana Business Structure** for each individual (for an individual not part of a partnership, limited liability company, corporate entity, or other legal entity, the entity type should be "sole proprietor") or legal entity receiving a portion of the profits; and
- A statement signed by a representative of the legal entity or by the individual explaining the share of profits received and what involvement they will have in the business.
- **Note:** Your submitted lease or similar proof of legal access must list these additional entities.



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**Section 2 – Interested Parties (Individual Histories)**

Complete the following section for **each individual with a financial interest** in the business listed in Section 1.

If additional space is needed to list additional interested parties, attach an additional **Form 15-1301**.

**A. Name:**     
*last name first name middle initial*

**Title/Position:**

**Date of Birth:**     
*month day year*

**% Ownership in the company listed in Section 1:**

<b>B. Is this person:</b>	<b>Yes</b>	<b>No</b>
Entitled to enter into obligations on behalf of the business or otherwise exercise control over the business independently?	<input type="checkbox"/>	<input type="checkbox"/>
An applicant for the license?	<input type="checkbox"/>	<input type="checkbox"/>
An additional person not previously entered in the online system?	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. In the past 10 years, has this person been convicted of a felony?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person have any arrests or citations that are not resolved?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person consent to use of SSN for purposes of confirming identity during a criminal records check?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Social Security Number:**

*SSN is required. See disclosure on page 1.*

<b>D. Does this person have a spouse or domestic partner?</b>	<input type="checkbox"/>	<input type="checkbox"/>
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*If yes, spouse or domestic partner must also complete sections A-E as an interested party.*

**Spouse's name:**     
*last name first name middle initial*

**E. Electronic or physical signature of party from Section A above**



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Complete the following section for **each individual with a financial interest** in the business listed in Section 1.

If additional space is needed to list additional interested parties, attach an additional **Form 15-1301**.

**A. Name:**     
*last name first name middle initial*

**Title/Position:**

**Date of Birth:**     
*month day year*

**% Ownership in the company listed in Section 1:**

<b>B. Is this person:</b>	<b>Yes</b>	<b>No</b>
Entitled to enter into obligations on behalf of the business or otherwise exercise control over the business independently?	<input type="checkbox"/>	<input type="checkbox"/>
An applicant for the license?	<input type="checkbox"/>	<input type="checkbox"/>
An additional person not previously entered in the online system?	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. In the past 10 years, has this person been convicted of a felony?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person have any arrests or citations that are not resolved?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person consent to use of SSN for purposes of confirming identity during a criminal records check?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Social Security Number:**

*SSN is required. See disclosure on page 1.*

<b>D. Does this person have a spouse or domestic partner?</b>	<input type="checkbox"/>	<input type="checkbox"/>
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*If yes, spouse or domestic partner must also complete sections A-E as an interested party.*

**Spouse's name:**     
*last name first name middle initial*

**E. Electronic or physical signature of party from Section A above**



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**Section 2 – Interested Parties (Individual Histories)**

Complete the following section for **each individual with a financial interest** in the business listed in Section 1.

If additional space is needed to list additional interested parties, attach an additional **Form 15-1301**.

**A. Name:**     
*last name first name middle initial*

**Title/Position:**

**Date of Birth:**     
*month day year*

**% Ownership in the company listed in Section 1:**

<b>B. Is this person:</b>	<b>Yes</b>	<b>No</b>
Entitled to enter into obligations on behalf of the business or otherwise exercise control over the business independently?	<input type="checkbox"/>	<input type="checkbox"/>
An applicant for the license?	<input type="checkbox"/>	<input type="checkbox"/>
An additional person not previously entered in the online system?	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. In the past 10 years, has this person been convicted of a felony?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person have any arrests or citations that are not resolved?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person consent to use of SSN for purposes of confirming identity during a criminal records check?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Social Security Number:**

*SSN is required. See disclosure on page 1.*

<b>D. Does this person have a spouse or domestic partner?</b>	<input type="checkbox"/>	<input type="checkbox"/>
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*If yes, spouse or domestic partner must also complete sections A-E as an interested party.*

**Spouse's name:**     
*last name first name middle initial*

**E. Electronic or physical signature of party from Section A above**



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**Section 2 – Interested Parties (Individual Histories)**

Complete the following section for **each individual with a financial interest** in the business listed in Section 1.

If additional space is needed to list additional interested parties, attach an additional **Form 15-1301**.

**A. Name:**     
*last name first name middle initial*

**Title/Position:**

**Date of Birth:**     
*month day year*

**% Ownership in the company listed in Section 1:**

<b>B. Is this person:</b>	<b>Yes</b>	<b>No</b>
Entitled to enter into obligations on behalf of the business or otherwise exercise control over the business independently?	<input type="checkbox"/>	<input type="checkbox"/>
An applicant for the license?	<input type="checkbox"/>	<input type="checkbox"/>
An additional person not previously entered in the online system?	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. In the past 10 years, has this person been convicted of a felony?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person have any arrests or citations that are not resolved?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this person consent to use of SSN for purposes of confirming identity during a criminal records check?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Social Security Number:**

*SSN is required. See disclosure on page 1.*

<b>D. Does this person have a spouse or domestic partner?</b>	<input type="checkbox"/>	<input type="checkbox"/>
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*If yes, spouse or domestic partner must also complete sections A-E as an interested party.*

**Spouse's name:**     
*last name first name middle initial*

**E. Electronic or physical signature of party from Section A above**



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**Section 2 – Interested Parties (Individual Histories)**

Complete the following section for **each individual with a financial interest** in the business listed in Section 1.

If additional space is needed to list additional interested parties, attach an additional **Form 15-1301**.

**A. Name:**     
*last name first name middle initial*

**Title/Position:**

**Date of Birth:**     
*month day year*

**% Ownership in the company listed in Section 1:**

**B. Is this person:**

	<b>Yes</b>	<b>No</b>
Entitled to enter into obligations on behalf of the business or otherwise exercise control over the business independently?	<input type="checkbox"/>	<input type="checkbox"/>
An applicant for the license?	<input type="checkbox"/>	<input type="checkbox"/>
An additional person not previously entered in the online system?	<input type="checkbox"/>	<input type="checkbox"/>

**C. In the past 10 years, has this person been convicted of a felony?**

**Does this person have any arrests or citations that are not resolved?**

**Does this person consent to use of SSN for purposes of confirming identity during a criminal records check?**

**Social Security Number:**

*SSN is required. See disclosure on page 1.*

**D. Does this person have a spouse or domestic partner?**

*If yes, spouse or domestic partner must also complete sections A-E as an interested party.*

**Spouse's name:**     
*last name first name middle initial*

**E. Electronic or physical signature of party from Section A above**



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**Section 3 – Interested Legal Entities**

List all legal entities with a financial interest in the business listed in Section 1. If none, write “N/A” in line 1. If you need additional space, attach additional copies of this page.

**For each entity listed below, complete an additional Marijuana Business Structure form.**

- Entity Name: The name of the business entity owning a portion of the entity listed in Section 1. This should be the actual name of the entity and not the DBA or Trade Name.
- % Owner: The percentage of ownership the entity has in the entity listed in Section 1.
- Entity Type: The type of business of the entity (EG: Corporation, Limited Liability Company (LLC), Nonprofit)
- Direct Control: Check this box if the entity has direct control over the business operations of business to be licensed.
- Applicant: Check this box if the entity is an applicant to the license. The entity must be an applicant if it is a member of an applicant LLC, holds or controls an interest of 10% or more in the business to be licensed, if it exercises control of the applicant of it it names as a lessee of the property to be licensed. Other considerations such as loaning or gifting property or resources may also require an entity to be listed as an applicant. Applicants are advised to review [OAR 845-025-1045 Qualifications of an Applicant](#).

	Entity Name	% Owner	Entity Type	Direct Control?	Applicant?
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>