Service Permit Application

OLCC Permits, PO Box 22297, Milwaukie OR 97269-2297

Please read the instruction page before filling out this form. **You and an authorized person (i.e., owner of a licensed premises, authorized temporary employment agency, ASE instructor) must sign this application.** The authorized person must make sure the form with the correct (non-refundable) fee is mailed to the OLCC before you sell or serve alcohol. The Commission will return your application if it is incomplete. Send check or money order only, NO CASH!

☐ Replacement Card **$5**

Your permit was lost or stolen or your name has changed.
You do not need an authorized signature for this request.

☐ New Permit **$23**

Includes: Your permit expired or will expire within 6 months.
You must have an authorized signature for this request.

Name _____
First Middle Last

Social Security # _____ Date of Birth _____ - _____ - _____
Month Day Year

Mailing Address _____

City, State, Zip _____ Phone (___) _____

Identification # _____ State of issue _____
(Driver license, DMV ID card, passport)

Male ☐ Female ☐ Height _____' _____" Weight _____ lbs

Yes ☐ No ☐ Have you ever been convicted of a felony? List conviction(s), date(s), city, state, county. Attach a separate sheet of paper if needed.

_____

_____

Yes ☐ No ☐ Have you been convicted of or had a diversion for DUII (Driving Under the Influence of Intoxicants) within the past 10 years? List conviction(s), date(s), city, state, county. Attach a separate sheet of paper if needed.

_____

_____

Applicant Signature

I understand that my application may be refused or my service permit revoked if my answers on this application are not true and complete (ORS 471.380; ORS 471.385). Providing a false statement to the OLCC is a misdemeanor crime subject to penalties imposed by the court. I also understand that I must pass an ASE course within **45 days** or this application will be denied (ORS 471.542).

Applicant Signature _____ Date _____

Authorized Signature

I have verified the age and identity of this applicant and am authorized as a **(check one)** Licensee/Manager ☐ Authorized Temporary Agency ☐ Provider/Instructor ☐ OLCC Employee ☐ under ORS 471.375 to sign below. I understand that I must immediately transmit this application with the correct fee to the OLCC. I also understand that if I am a licensee, I have a continuing duty to verify that this employee has passed the ASE course and been issued a permit (OAR 845-009-0015). OLCC will not notify licensees of application denials.

Name of Business _____ Work phone (___) _____

Business Address _____

Signature _____ Date _____