

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 mail the form with the correct (non-refundable) fee 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!

Replace unexpired permit **\$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

Mailing Address Month, Day and Year

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 _____

APPLICATION VALID ONLY WHEN SIGNED BY BOTH PARTIES AND MAILED TO THE OLCC. ON-LINE APPLICANTS MUST PRINT TWO (2) COPIES AND KEEP THE SECOND SIGNED COPY AS YOUR TEMPORARY PERMIT.