



# Council Business Meeting

July 20, 2023

<b>Agenda Item</b>	Approval of Liquor License Request for Bird and Rye		
<b>From</b>	Dana Smith	Clerk of the Council Pro Tem	
<b>Contact</b>	<a href="mailto:recorder@ashland.or.us">recorder@ashland.or.us</a> ; 541-488-5307		
<b>Item Type</b>	Requested by Council <input type="checkbox"/> Update <input type="checkbox"/> Request for Direction <input type="checkbox"/> Presentation <input type="checkbox"/>		

**SUMMARY**

This is a request for approval of a liquor license application for Bird and Rye, 23 S. 2nd St., Ashland, OR 97520.

**POLICIES, PLANS & GOALS SUPPORTED**

AMC Chapter 6.32 Liquor License Review

**BACKGROUND AND ADDITIONAL INFORMATION**

This is a liquor license application for a Change of Ownership and Full On-Premises Liquor License.

**FISCAL IMPACTS**

N/A

**STAFF RECOMMENDATION**

Staff recommends approval of the liquor license application. The City has determined that the location of this business complies with the City’s land use requirements. The applicant has a Business License and has registered as a restaurant.

**ACTIONS, OPTIONS & POTENTIAL MOTIONS**

I move to approve the liquor license for Bird and Rye, 23 S. 2nd St., Ashland, OR 97520.

**REFERENCES & ATTACHMENTS**

Attachment 1: Application





OREGON LIQUOR & CANNABIS COMMISSION  
**LIQUOR LICENSE APPLICATION**

**Instructions**

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1. **Complete and sign** this application.
2. Prior to submitting this application to the OLCC, send the completed application to **the local government for the premises address** to obtain a recommendation.
  - If the premises street address is within a city's limits, the local government is the city.
  - If the premises street address is not within a city's limits, the local government is the county.
3. You can submit the application if:
  1. You have **WRITTEN** documentation showing the date the local government received the application or;
  2. The local government has provided you their recommendation.
4. **Email the application that contains the local government recommendation or proof of submission to:**  
[OLCC.LiquorLicenseApplication@Oregon.Gov](mailto:OLCC.LiquorLicenseApplication@Oregon.Gov).
5. **Do not** include any license fees with your application packet (fees will be collected at a later time).  
*When it's time to pay the license fee you must pay the full yearly fee for the current license year (the license fee will not be prorated). If you pay in the last quarter of your license year you must also pay the yearly fee for the next license year.*

**License Request Options** - Please see the general definitions of the license request options below:

- **New Outlet**: The licensing of a business that does not currently hold an active liquor license.
- **Change of Ownership**: The request to completely change the licensee of record at a licensed business.
- **Greater Privilege**: The request to replace a Limited On-Premises sales license with a Full On-Premises sales license.
- **Additional Privilege**: The licensee currently holds an active liquor license at the premises and that same licensee would like to request to add an **additional** different liquor license type at that same premises location.

**Additional Information**

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**Applicant Identification:** Please review [OAR 845-006-0301](#) for the definitions of "applicant" and "licensee" and [OAR 845-005-0311](#) to confirm that all individuals or entities with an ownership interest (other than a waivable ownership interest, per OAR 845-005-0311[6]) in the business have been identified as license applicants on this document. If you have a question about whether an individual or entity needs to be listed as an applicant for the license, discuss this with the OLCC staff person assigned to your application.

**Premises Address:** This is the physical location of the business and where the liquor license will be posted.

**Applicant Signature(s):** Each individual listed in the applicant information box on page 2 (entity or individuals applying for the license) must sign the application.

If an applicant listed in the applicant information box on page 2 is an entity (such as a corporation or limited liability company), at least one individual who is authorized to sign for the entity must sign the application.

**Applicant/Licensee Representative(s):** In order to make changes to a license or application or to receive information about a license or application by someone other than the applicant/licensee you must:

- Complete the below Authorized Representative area on page 2 as the applicant/licensee and/or
- Provide a Power of Attorney document showing the permissions allowable on the behalf of the applicant/licensee with this submission

*Please note that applicants/licensees are responsible for all information provided on this form, even if an authorized representative or individual with authority signs on behalf of the applicant.*

# LIQUOR LICENSE APPLICATION

Page 1 of 4

Check the appropriate license request option:

New Outlet |  Change of Ownership |  Greater Privilege |  Additional Privilege

Select the license type you are applying for.

More information about all license types is available [online](#).

## Full On-Premises

- Commercial
- Caterer
- Public Passenger Carrier
- Other Public Location
- For Profit Private Club
- Nonprofit Private Club

## Winery

- Primary location
- Additional locations:  2nd  3rd  4th  5th

## Brewery

- Primary location
- Additional locations:  2nd  3rd

## Brewery-Public House

- Primary location
- Additional locations:  2nd  3rd

## Grower Sales Privilege

- Primary location
- Additional locations:  2nd  3rd

## Distillery

- Primary location
- Additional tasting locations:  2nd  3rd  4th  5th  6th

## Limited On-Premises

## Off Premises

## Warehouse

## Wholesale Malt Beverage and Wine

## LOCAL GOVERNMENT USE ONLY

LOCAL GOVERNMENT:

**After providing your recommendation, return this application to the applicant WITH the recommendation marked below**

City/County name:

(Please specify city or county)

Date application received:

Optional: Date Stamp Received Below

- Recommend this license be granted
- Recommend this license be denied

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Bird and Rye

Trade Name

# LIQUOR LICENSE APPLICATION

Page 2 of 4

## APPLICANT INFORMATION

Identify the applicants applying for the license. This is the entity (example: corporation or LLC) or individual(s) applying for the license. Please add an additional page if more space is needed.

Name of entity or individual applicant #1:  
Turd Ferguson Llc

Name of entity or individual applicant #2:  
Chad Smith

Name of entity or individual applicant #3:  
Chris Dennett

Name of entity or individual applicant #4:

## BUSINESS INFORMATION

Trade Name of the Business (name customers will see):  
Bird and Rye

Premises street address (The physical location of the business and where the liquor license will be posted):  
23 S. 2nd St.

City:  
Ashland

Zip Code:  
97520

County:  
Jackson

Business phone number:  
541 482 7437

Business email:  
chadmbsmith@gmail.com

Business mailing address (where we will send any items by mail as described in [OAR 845-004-0065\[11\]](#)):  
23 S. 2nd St.

City:  
Ashland

State:  
OR

Zip Code:  
97520

Does the business address currently have an OLCC liquor license?  Yes  No

Does the business address currently have an OLCC marijuana license?  Yes  No

**AUTHORIZED REPRESENTATIVE** – A liquor applicant or licensee may give a representative authorization to make changes to the license or application on behalf of the licensee or to receive information about a license or application.

I give permission for the below named representative to:

- Make changes regarding this license/application on my behalf.
- Sign application forms regarding this license/application on my behalf.
- Receive information about the status of this application, including information about pending compliance action or communications between OLCC and the licensee/applicant.

Representative Name:  
Chad Smith

Phone number:

Email:

Mailing address:

# LIQUOR LICENSE APPLICATION

Page 3 of 4

**APPLICATION CONTACT INFORMATION** – Provide the point of contact for this application. If this individual is not an applicant or licensee, the Authorized Representative section must be filled in and the appropriate permission(s) must be selected.

**Application Contact Name:**  
Chad Smith

**Phone number:**

**Email:**

## TERMS

- “Real property” means the real estate (land) and generally whatever is erected or affixed to the land (for example, the building) at the business address.
- “Common area” is a privately owned area where two or more parties (property tenants) have permission to use the area in common. Examples include the walking areas between stores at a shopping center, lobbies, hallways, patios, parking lots, etc. An area’s designation as a “common area” is typically identified in the lease or rental agreement.

## ATTESTATION – OWNERSHIP AND CONTROL OF THE BUSINESS AND PREMISES

- Each applicant listed in the “Application Information” section of this form has read and understands OAR 845-005-0311 and attests that:
  1. At least one applicant listed in the “Application Information” section of this form has the legal right to occupy and control the real property proposed to be licensed as shown by a property deed, lease, rental agreement, or similar document.
  2. No person not listed as an applicant in the “Application Information” section of this form has an ownership interest in the business proposed to be licensed, unless the person qualifies to have that ownership interest waived under OAR 845-005-0311.
  3. The licensed premises at the premises street address proposed to be licensed either:
    - a. Does not include any common areas; or
    - b. Does include one or more common areas; however, only the applicant(s) have the exclusive right to engage in alcohol sales and service in the area to be included as part of the licensed premises.
      - In this circumstance, the applicant(s) acknowledges responsibility for ensuring compliance with liquor laws within and in the immediate vicinity of the licensed premises, including in portions of the premises that are situated in “common areas” and that this requirement applies at all times, even when the business is closed.
  4. The licensed premises at the premises street address either:
    - a. Has no area on property controlled by a public entity (like a city, county, or state); or
    - b. Has one or more areas on property controlled by a public entity (like a city, county, or state) and the public entity has given at least one of the applicant(s) permission to exercise the privileges of the license in the area.

# LIQUOR LICENSE APPLICATION

Bird and Rye

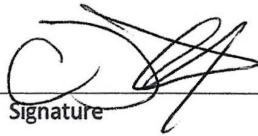
Page 4 of 4

• Each applicant listed in the "Application Information" section of this form has read and understands OLCC 845-006-0362 and attests that:

1. Upon licensure, each licensee is responsible for the conduct of others on the licensed premises, including in outdoor areas.
2. The licensed premises will be controlled to promote public safety and prevent problems and violations, with particular emphasis on preventing minors from obtaining or consuming alcoholic beverages, preventing over-service of alcoholic beverages, preventing open containers of alcoholic beverages from leaving the licensed premises unless allowed by OLCC rules, and preventing noisy, disorderly, and unlawful activity on the licensed premises.

I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application, are true and complete.

Chad Smith



6/21/2023

Print name

Signature

Date

Atty. Bar Info (if applicable)

Chris Dennett



6/21/2023

Print name

Signature

Date

Atty. Bar Info (if applicable)

Print name

Signature

Date

Atty. Bar Info (if applicable)

Print name

Signature

Date

Atty. Bar Info (if applicable)



# OREGON LIQUOR & CANNABIS COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: TURO FERGUSON Phone: [REDACTED]

Trade Name (dba): BIRD AND RYE

Business Location Address: 23 S. 2<sup>ND</sup> ST.

City: ASLAND ZIP Code: 97520

### DAYS AND HOURS OF OPERATION

**Business Hours:**

Sunday 12 pm to 9 pm  
 Monday CLOSED to \_\_\_\_\_  
 Tuesday CLOSED to \_\_\_\_\_  
 Wednesday 12 pm to 9 pm  
 Thursday 12 pm to 9 pm  
 Friday 12 pm to 10 pm  
 Saturday 12 pm to 10 pm

**Outdoor Area Hours:**

Sunday N/A to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

**The outdoor area is used for:**

Food service Hours: N/A to \_\_\_\_\_  
 Alcohol service Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Enclosed, how \_\_\_\_\_  
 The exterior area is adequately viewed and/or supervised by Service Permittees.  
 \_\_\_\_\_ (Investigator's Initials)

Seasonal Variations:  Yes  No If yes, explain: \_\_\_\_\_

### ENTERTAINMENT

- Check ALL that apply:
- Live Music
  - Recorded Music
  - DJ Music
  - Dancing  Nude Dancing
  - Live Entertainment
  - Minor Entertainers
  - Karaoke
  - Coin-operated Games
  - Video Lottery Machines
  - Social Gaming
  - Pool Tables
  - Other: \_\_\_\_\_

\*Minor Entertainers in an area prohibited to minors need prior approval from the OLCC

### DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday \_\_\_\_\_ to \_\_\_\_\_  
 Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_

### SEATING COUNT

Restaurant: 32 Outdoor: N/A Lounge: \_\_\_\_\_  
 Banquet: N/A Other (explain): \_\_\_\_\_ Total Seating: 32

**OLCC USE ONLY**

Investigator Verified Seating: \_\_\_\_\_(Y) \_\_\_\_\_(N)  
 Investigator Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 6/23/2023



**FULL ON-PREMISES, COMMERCIAL (F-COM)  
FULL ON-PREMISES, FOR-PROFIT PRIVATE CLUB (F-FPC)  
FOOD SERVICE AFFIRMATION**

Applicant / Licensee \_\_\_\_\_

Trade Name of the Business (Name Customers Will See)

BIRD AND RYE


Business Address 23 S. 2<sup>ND</sup> ST. ASHLAND 97520  
(Number, Street Address, City, and Zip Code)

I affirm that I have read OAR 845-006-0459, OAR 845-006-0460, and OAR 845-006-0466 and

I affirm:

- I understand that "meal" means a food item, or combination of food items, prepared or cooked on the licensed premises that the Commission determines is a main course and is a serving of food sufficient to satisfy the appetite of one individual. Food items that are appetizers, snacks, and desserts do not qualify as a meal. Examples include, but are not limited to, popcorn, peanuts, chips, a serving of food that is not sufficient to satisfy the appetite of one individual, and food items offered by the licensee as other than a meal.
- I understand that "dining seats" means seating at tables or food counters as defined in OAR 845-006-0340(2)(j) located in areas of the licensed premises regularly open to the public where the Commission determines that each table top or seating area provides a minimum space that will accommodate a place setting consisting of a plate or dish, glassware, napkin and utensils for each seat. Seats at counters in entertainment areas and at bars as defined in OAR 845-006-0340 do not qualify as dining seating.
- I will have at least 30 dining seats during a time period which must last at least two hours prior to 10:00 p.m.
- I will make at least five different meals available at all times and in all areas where alcohol service is available. However, I may make fewer than five different meals available if the OLCC has determined that the clearly dominant emphasis in the areas with alcoholic beverage service is food service.
- I will always have a food preparation area and equipment on my licensed premises that are adequate to meet the food service requirements of this license.
- I am authorized to sign this form on behalf of the applicant or licensee.

Name (print) CHAD SMITH Date 6/23/2023

Signature 





# OREGON LIQUOR & CANNABIS COMMISSION FLOOR PLAN

## INSTRUCTIONS

1. Your floor plan **MUST** be submitted on the Floor Plan Form below
2. Use a separate Floor Plan Form for each level or floor of the building. The floor plan(s) must show the specific areas of your premises.
3. Label areas i.e. dining area, bar, lounge, lottery, outside patio and sidewalk cafe areas.
4. Food Counters should be labeled as such, and not as a Bar. At a Food Counter, food service/consumption is the predominant activity. At a Bar, alcohol service/consumption is the predominant activity. Please label Food Counters and Bars accordingly.
5. Include all tables and chairs. (See Example below)
6. If you have an outdoor area, please show it in reference to the licensed building.
7. If you have sidewalk seating please contact your local government to see if a permit is required for use.
8. If this is a Food Cart Pod please label the floor plan where the alcohol will be served from, where food will be served, where the seating will be and any other food carts that are in the pod.

Please do not use complex architect drawings as your floor plan, unless they are clearly readable and show all the tables and chairs.

### RESTAURANT EXAMPLE

OREGON LIQUOR & CANNABIS COMMISSION

**FLOOR PLAN FORM**

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Your floor plan must be submitted on this form

My Restaurant

My Restaurant LLC  
Applicant Name

Trade Name (if Bar)

**Example:**

OLCC USE ONLY  
MINOR POSTING ASSIGNMENT(S)

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

(rev 02/22)

### FOOD CART POD EXAMPLE

OREGON LIQUOR & CANNABIS COMMISSION

**FLOOR PLAN FORM**

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Your floor plan must be submitted on this form

Everyday Food Cart Pod

Food Carts LLC  
Applicant Name

Trade Name (if Bar)

Facing south (if cart pod)

Entrance

OLCC USE ONLY  
MINOR POSTING ASSIGNMENT(S)

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

(rev 02/22)



OREGON LIQUOR & CANNABIS COMMISSION

**FLOOR PLAN FORM**

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Your floor plan must be submitted on this form

~~OLCC~~ TUD FERGUSON LLC  
Applicant Name

BIRD AND RYE  
Trade Name (dba)

.....OLCC USE ONLY.....  
MINOR POSTING ASSIGNMENT(S)



# OREGON LIQUOR & CANNABIS COMMISSION

## INDIVIDUAL HISTORY FORM

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### WHO MUST COMPLETE THIS FORM?

You must complete this form if:

- Your name is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form.
- A corporation is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form and you are:
  - President, a Vice President with responsibility over the operation of the business, Secretary, or Treasurer.
  - A Director.
  - An individual who owns 20% or more of issued stock.
- A limited liability company (LLC) is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form and you are:
  - A Managing Member of the LLC (this is an individual designated to manage the LLC; it may or may not be the same individual designated to manage the business).
  - A Member who owns 20% or more of the membership.
  - An Officer (such as a President or Secretary) with responsibilities over the operation of the business.

You must work with the OLCC to determine who must complete this form if you are:

- Part of an entity *other than* a corporation or LLC that is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form, or
- Part of an entity that owns 10% or more of an entity listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form.

**IN ADDITION, THE OLCC MAY REQUIRE OTHER PEOPLE TO COMPLETE THIS FORM WHEN THERE IS REASON TO BELIEVE IT MAY HELP THE OLCC IN ITS INVESTIGATION.**



# OREGON LIQUOR & CANNABIS COMMISSION INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	DENNETT Last	MARK First	CHRISTOPHER Middle
2. Other names used (maiden, other):	CHRIS		
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	[REDACTED]		
<b>SOCIAL SECURITY NUMBER DISCLOSURE:</b> 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 indicate below.  Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. 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)).			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box:	<input checked="" type="checkbox"/>		
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	[REDACTED] (yyyy)
6. Driver License or State ID #:	[REDACTED]	7. State	[REDACTED]
8. Contact Phone:	[REDACTED]		
9. E-mail Address:	[REDACTED]		
10. Mailing Address:	[REDACTED]		
	(Number and Street)	(City)	(State) (Zip Code)





OREGON LIQUOR & CANNABIS COMMISSION  
**INDIVIDUAL HISTORY FORM**

12. Do you, or any entity that you are a part of, **currently hold** or **have you previously held** a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No  Yes  Please list licenses (and year(s) licensed) below    Unsure  Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No  Yes  Please list licenses (and year(s) licensed) below    Unsure  Please include an explanation:

ARLARDEN LLC DBA ELEMENTS      2006 - PRESENT  
 SMURFSTATIC LLC DBA BEERWORKS      2011 - PRESENT

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No  Yes  Please list applications below    Unsure  Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, *may not* sign your form.

**Affirmation**

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	DENNETT Last	MARK First	CHRISTOPHER Middle
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Signature:	Date: 6/22/23
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**This box for OLCC use ONLY**

\_\_\_\_\_ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



# OREGON LIQUOR & CANNABIS COMMISSION

## INDIVIDUAL HISTORY FORM

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### WHO MUST COMPLETE THIS FORM?

You must complete this form if:

- Your name is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form.
- A corporation is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form and you are:
  - President, a Vice President with responsibility over the operation of the business, Secretary, or Treasurer.
  - A Director.
  - An individual who owns 20% or more of issued stock.
- A limited liability company (LLC) is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form and you are:
  - A Managing Member of the LLC (this is an individual designated to manage the LLC; it may or may not be the same individual designated to manage the business).
  - A Member who owns 20% or more of the membership.
  - An Officer (such as a President or Secretary) with responsibilities over the operation of the business.

You must work with the OLCC to determine who must complete this form if you are:

- Part of an entity *other than* a corporation or LLC that is listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form, or
- Part of an entity that owns 10% or more of an entity listed as an applicant in the "Entity or Individuals applying for the license" section of the Liquor License Application form.

**IN ADDITION, THE OLCC MAY REQUIRE OTHER PEOPLE TO COMPLETE THIS FORM WHEN THERE IS REASON TO BELIEVE IT MAY HELP THE OLCC IN ITS INVESTIGATION.**



# OREGON LIQUOR & CANNABIS COMMISSION INDIVIDUAL HISTORY FORM

PRINT FORM

RESET FORM

1. Name (Print):	SMITH Last	CHAD First	MAELIN BOBBY Middle
2. Other names used (maiden, other): N/A			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<p><b>SOCIAL SECURITY NUMBER DISCLOSURE:</b> 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) &amp; 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 indicate below.</p> <p>Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. 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)).</p>			
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	[REDACTED] (yyyy)
6. Driver License or State ID #:	[REDACTED]	7. State	[REDACTED]
8. Contact Phone:	[REDACTED]		
9. E-mail Address:	[REDACTED]		
10. Mailing Address:	[REDACTED] (Number and Street)	[REDACTED] (City)	[REDACTED] (State) (Zip Code)
[REDACTED]			



**OREGON LIQUOR & CANNABIS COMMISSION**  
**INDIVIDUAL HISTORY FORM**

12. Do you, or any entity that you are a part of, currently hold or have you previously held a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No  Yes  Please list licenses (and year(s) licensed) below    Unsure  Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No  Yes  Please list licenses (and year(s) licensed) below    Unsure  Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No  Yes  Please list applications below    Unsure  Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, *may not* sign your form.

**Affirmation**

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	SMITH Last	CHAO First	MARLIN BOBBY Middle
Signature:			Date: 6/23/2023

**This box for OLCC use ONLY**  
 \_\_\_\_\_ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?