



# APPLICATION

## INDUSTRIAL ALCOHOL AUTHORITY

### 1. Applicant

Name of the individual or entity (example: corporation or LLC)

\_\_\_\_\_

### 2. Business Information

Trade Name \_\_\_\_\_

Premises Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 3. Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### 4. Attestation and Signature

I attest that I have read, understand, and will follow [OAR 845-004-0101](#)

Date \_\_\_\_\_

PRINTED name of signing individual \_\_\_\_\_

SIGNATURE (may electronically sign) \_\_\_\_\_

Return to:

- Email: [olcc.liquorlicenseapplication@oregon.gov](mailto:olcc.liquorlicenseapplication@oregon.gov)
- Mail: OLCC Liquor Licensing, PO Box 22297, Milwaukie, OR 97269