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/manager of a licensed premises, authorized temporary employment agency, ASE instructor, OLCC employee) 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!

*Note: If the Commission has denied a previous application for failure to complete the ASE course, you may not work on this temporary permit until you pass the course. If the Commission has denied or cancelled a prior service permit or application for any other reason, you may not work on this temporary until your permit is granted.

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/Renewal Permit \$23 Includes: Your permit expired or will expire within 6 months. You must have an authorized signature for this request.	
Name	Last
Social Security #	
Mailing Address	· · · · · · · · · · · · · · · · · · ·
City, State, Zip	Phone ()
Identification # & State of issue (Driver license, DMV ID card, passport)	Email
Male Female Height' Weig	
Yes No Have you been convicted of a felony within the past 10 years? 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 revo complete (ORS 471.380; ORS 471.385). Providing a false statement to th imposed by the court. I also understand that I must pass an ASE course v 471.542).	
Applicant Signature	Date
AUTHORIZED SIGNA	ATURE
I have verified the age and identity of this applicant and am authorized und immediately transmit this application with the correct fee to the OLCC.	der ORS 471.375 to sign below. I understand that I must
Name of Business	Work phone(
Business Address	
Signature	Date
Check one:Licensee/ManagerAuthorized Temporary Ager	ncyProvider/InstructorOLCC Employee

Revised 01/15