



Marijuana Business Individual History Form

Form Instructions

What is this form?

Use this form to provide personal history information for an individual who will hold or have an interest in a marijuana license. Each person must complete and sign their own history form.

What happened to the Marijuana Business Structure Form?

From January 2016 to March 2017, marijuana license applicants were directed to use the "Marijuana Business Structure Form." That document has been replaced with the following forms:

- [Marijuana Business Corporate Questionnaire](#)
- [Marijuana Business Limited Liability Questionnaire](#)
- [Marijuana Business Limited Partnership Questionnaire](#)
- [Marijuana Business Sole Proprietor/Other Entity form](#)
- [Marijuana Business Individual History form](#)

Who needs to complete a Marijuana Business Individual History form?

Start with the appropriate business structure form(s) listed above. The forms will provide information on which individuals will need to complete an individual history form based on their involvement and the type of business(es) to be licensed.

Everyone who is an applicant for a license, including everyone who meets the qualifications described in [OAR 845-025-1030](#)(3) and (4) or has an "ownership interest" as described in [OAR 845-025-1045](#)(3), must fill out an individual history form. All spouses of applicants must also fill out individual history forms.

Other individuals with a financial interest in the business may need to complete an individual history form as required by your investigator. This may include landlords who receive a significant portion of the profits of the business other than as reasonable compensation for use of property, investors contributing all or the majority of the funds for the business but who are not otherwise a portion of any involved legal entity, and other parties who may have interest in or control over the licensed operations.

I know I have to submit fingerprints. How do I do this?

The OLCC license investigator assigned to your file will provide you with information on who needs fingerprints and how that information may be submitted. If you have already had your fingerprints taken, but it was not specifically for a recreational marijuana license in the last year, you may be required to re-submit fingerprint information. Wait for your Investigator to communicate this requirement.



OREGON LIQUOR CONTROL COMMISSION

Marijuana Business Individual History Form

Section 1 – Business Information

Legal Name of Business:	<i>Name of the legal entity the individual owns or has an interest in. For sole proprietors, this is your legal name.</i>
--------------------------------	---

Section 2 – Individual History Statement

Use your legal name. Do not use nicknames or abbreviations. If you use "Jr," "Sr." as part of your name, include it after your last name.

A. Name:
first name middle initial last name

Title/Position:

Date of Birth: Month: Day: Year:

B. Residence Address:

City: State: ZIP:

Phone: Email:

C. Social Security Number:
SSN is required. See disclosure:

***SOCIAL SECURITY NUMBER DISCLOSURE:** 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 confirm your agreement that OLCC can use it for administrative purposes as well.

Based on our authority under ORS 475B.040 and OAR 845-025-1080(2), we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to positively confirm your identity during the criminal records check. 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)). Please check the appropriate box next to the social security field indicating whether you consent or do not consent.

	Yes	No
Do you consent to use of SSN for purposes of confirming identity during a criminal records check?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a spouse or domestic partner?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If yes, the spouse or domestic partner must also complete an individual history form.

Spouse's name:
first name middle initial last name

Continued on following page



OREGON LIQUOR CONTROL COMMISSION

Marijuana Business Individual History Form

Section 2 – Individual History Statement (continued)

- | | Yes | No |
|---|--------------------------|--------------------------|
| <p>D. Are you entitled to exercise “direct control” over the <u>marijuana business</u>?</p> <p>This means independently incurring debts, entering into contracts, similar obligations, or otherwise controlling the marijuana business other than as an employee under the direction of an owner. If the business whose name you entered in Section 1 is not an applicant for the license, you must answer this question based on whether you are entitled to exercise control over the <u>marijuana business</u>, not based on whether you are entitled to exercise control over the business named in Section 1.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p style="text-align: center;">Have you ever been convicted of a felony?</p> <p><i>(If yes, attach an explanation. A conviction will not necessarily prevent you from obtaining a license.)</i></p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p style="text-align: center;">Do you have any arrests or citations that are not resolved?</p> <p><i>(If you are arrested, cited, or convicted after completing this document but before receiving an OLCC license, you must immediately notify your assigned investigator and submit a revised Individual History form. Failure to do so may result in license denial or cancellation.)</i></p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p style="text-align: center;">Was any portion of the money that you invested in the business money that you received as a personal loan or gift from another person or legal entity?</p> | <input type="checkbox"/> | <input type="checkbox"/> |

Please list the business name or license number and address of every OLCC liquor license or marijuana license (including research certificate or retail liquor agent) that you have applied for or received. This includes having a financial interest or ownership interest in a legal entity that applied for or held the license.

Name of any business under which you have applied for or held any OLCC marijuana or liquor license:

Section 3 – Acknowledgement

You must sign your own form. You cannot have your attorney or a person with power of attorney sign your form.

I affirm that my answers are true and correct. I understand that if my answers are not true and correct that the OLCC may deny my application. I understand that I must notify the Commission within 24 hours if I am arrested, cited or convicted for any misdemeanour or felony after submitting this form.

E. Signature

Date: