



Liquor License Application

226 S. 5th Street, Klamath Falls, Oregon 97601
(541) 883-4950

www.KlamathFalls.city
businesslicense@klamathfalls.city

Legible Print or Type *Business Information*

| | |
|-----------------------------|----------------------------------|
| Business Name: | |
| Business Address: | |
| Business Phone Number: | ¹ Business License #: |
| Owner Name/Alcohol Manager: | |
| Owner/Manager Phone #: | |
| Primary Email Address: | |

¹All Minor and Major License Requests require a current City Business License.

License Request and Fee

| Minor License | | | Major License | | |
|---------------------|--------------------------|---------|---------------------|--------------------------|----------|
| Renewal | <input type="checkbox"/> | \$35.00 | New Outlet | <input type="checkbox"/> | \$100.00 |
| Change of Ownership | <input type="checkbox"/> | \$75.00 | Increase Privileges | <input type="checkbox"/> | \$75.00 |
| Adding a Partner | <input type="checkbox"/> | \$75.00 | Change of Location | <input type="checkbox"/> | \$75.00 |

Major License Action

Notice to surrounding property owners within a 100 foot radius of the licensed property will be required in addition to a City Council public hearing. A minimum of one month is required to process the license dependent on the public hearing date.

Major License Request

| | |
|---|--|
| Previous OLCC License? <input type="checkbox"/> Yes <input type="checkbox"/> No | Will the location be age-restricted? ² <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Type of License Requested:</u> | |
| <input type="checkbox"/> Full On Premises <input type="checkbox"/> Full Off Premises <input type="checkbox"/> Limited On Premises <input type="checkbox"/> Limited Off Premises | |
| Alcohol Manager: | Floor Plan Attached: <input type="checkbox"/> |
| Date of Birth: | Driver License or State ID#: |
| Mailing Address: | |

²18+ or 21+ only, no minors allowed in building or portion of.

A copy of the completed OLCC liquor license application must be submitted with this City application.

Owner/Alcohol Manager Signature

Date

Print Name



City Use Only

| | |
|----------------|-----------------|
| Received by: | Fees Due: |
| Date Received: | Date Fees Paid: |

City Recommendation

| | |
|---|--|
| City Council Date: | Public Notice Date: |
| <input type="checkbox"/> Grant/Acknowledge Date: | <input type="checkbox"/> Denial ³ Date: |
| City Staff Signature: | |
| Printed Staff Name: | Staff Title: |
| Staff Phone: | Staff Email: |
| Recommendation sent to Applicant ⁴ on: | |

³If Denial recommendation, a written explanation will be included.

⁴All minor and major license actions will be sent to Applicant and it is the applicant's responsibility to submit the City's recommendation to the OLCC.