



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 Review 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

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

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
Floor Plan Attached: <input type="checkbox"/> (include square footage)	Square footage of age-restricted area:
<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	
Business Hours:	
Alcohol Manager:	
Date of Birth:	Driver License or State ID#:
Mailing Address:	

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

(Applicant signature required on next page)



Submittal Requirements:

- City of Klamath Falls Liquor License Application
- Floor Plan of Requested Licensing Area
- Completed OLCC Local Government Recommendation Form
- Applicable Review Fee (*non-refundable*)

For Major License:

A minimum of one month is required to process the license dependent on the City Council public hearing date.

 Owner/Alcohol Manager Signature

 Date

 Print Name

<i>City Use Only</i>	
Received by:	Fees Due:
Date Received:	Date Fees Paid:

<i>City Recommendation</i>	
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.