



**OREGON LIQUOR & CANNABIS COMMISSION  
OUT OF STATE PERMITS ADDRESS CHANGE REQUEST**

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**Current Information**

License Type

CERTIFICATE OF APPROVAL(CERA)

DIRECT SHIPPER(DS)

DIRECT TO RETAILER (DTR)

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Applicant Name (Entity or Individuals)

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Trade Name of the Business (Name Customers Will See)

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Previous Premises Address

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**\*NEW\* Information**

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New Premises Address (Number and Street Address)

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City

---

State

---

Zip Code

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---

New Mailing Address (If different)

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City

---

State

---

Zip Code

---

---

Name of Contact Person

---

Email

---

Phone Number

---

---

Signature

---

Date

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**Return to: OLCC, PO Box 22297, Milwaukie, OR 97269 or email to [olcc.liquorlicenseapplication@oregon.gov](mailto:olcc.liquorlicenseapplication@oregon.gov)**