

Form OR-MTR



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(Rev. 04-20-22, ver. 01)

Oregon Department of Revenue

Office use only

Oregon Marijuana Tax Registration

Submit original form—do not submit photocopy

NOTE: A separate registration is required for each location selling recreational marijuana products.

Please print. See instructions.

Organization information

Recreational sales start date / /	Federal employer identification number (FEIN) -	OLCC retail license number
Legal business name (licensed by OLCC)		Doing business as (DBA)

Type of ownership (check only one):

- Corporation Sub-chapter S corporation Sole proprietorship (individual) LLP (limited liability partnership)
 Partnership—general Partnership—limited Non-profit 501(c)(3) (attach federal exemption) Other nonprofit

OR a LLC (limited liability company) recognized by the IRS as a:

- LLC—Corporation **OR** LLC—sole proprietorship **OR** LLC Partnership **OR** LLC—disregarded entity

<input type="checkbox"/> Check if change in address	Business phone - -
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Mailing address	City	State	ZIP code
Physical address (required)	City	State	ZIP code

Payroll information

Will your business have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you registered for a payroll account? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide business identification number (BIN) -
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Owners, officers, partner information

List all owners, officers, or partners. Please print clearly, (use additional sheets if necessary).

Name	Social Security number (SSN) - -		
Address	City	State	ZIP code
Name	SSN - -		
Address	City	State	ZIP code

Contact person

Name	Title
Daytime phone - -	Email

Submitted by

Signature X	Date / /	Phone - -
Print name signed above	Title	

Mail your completed form to: Oregon Department of Revenue, PO Box 14630, Salem OR 97309-5050

Or email to: marijuanatax.dor@dor.oregon.gov

Or fax to: 503-945-8772