Associating a License – Helpful Tips

- You can associate multiple licenses in the same account if they are owned by the same legal entity.
- You do NOT need to create a single account for each license.
- This is a license association with your online account. It will add your existing OLCC license to the OPTO system.
- When you submit your license, the status will be marked as Pending Approval. Once OLCC reviews and approves the license, you may begin reporting.
- DO NOT create separate accounts in OPTO if you have multiple licenses for a single company.

You must have a User ID and an account in OPTO to use this step-by-step guide.

STEP 1

Login to Oregon Privilege Tax System https://or.setsonline.com

STEP 2

From the Dashboard, click on Accounts and then Manage Accounts

SICPA OLCC Online Privilege Tax Solution	Home Accounts	💄 Training User 喿 FAQ Logout 🕞
Dashboard	Create Account Manage Accounts 2	
Start my next statement Great job, you are all caught up!	Filing in progress Great job, you are all caught up!	Next statement due on 06/20/2022
Account 0 From	Refresh Date Sent	Message

STEP 3

Navigate to the License Tab

Click on the License tab

Accounts		
Q Type to search Active -	A TRAINING COMPANY 🌐	Active
A TRAINING COMPANY	 PRIMARY CONTACT (555) 555-1212 Mister.Primary@training.com 	ACCOUNT NUMBER AC670090
	Profile Address Filers Contacts License Fo	orms ▼ Billing ▼ Edit [2]
	LEGAL BUSINESS NAME BUSINESS TRADE NAME	A TRAINING COMPANY A TRAINING COMPANY
	ACCOUNT DETAILS	Edit 🗭
	ACCOUNT NUMBER	AC670090
	FAX NUMBER	(555) 555-1313
	WEBSITE	https://TrainingCo.com
•		
1 Record Found		

STEP 4

Click on Add License

Review license types

STEP 5

Select the license type you hold

If you are unsure, check your license certificate

Accounts				
Q Type to search A TRAINING COMPANY	Active -	A TRAINING COMPANY () PRIMARY CONTACT (555) 555-1212 Mister.Primary@training.com	Active	
		Profile Address Filers Contacts License Forms	r Billing ▼	Add License • BREWERY
		Type to search	Q T Show Secondary Licenses	5 BREWPUB CERA CERA Temp DS WAREHOUSE WMBW

STEP 6

Enter the License Information

The fields marked with an asterisk are required. Enter the information for each required field. If you have a TTB Basic Permit, enter the number and then attach a PDF copy of the permit by clicking on Select File.

Create License						Back to Account
LICENSE INFORMATION						
	LEGAL BUSINESS NAME	*	BUSINESS TRADE NAME*			
	A TRAINING COMPA	ANY	A TRAINING COMPA	NY	HELPFUL TIPS	
	LICENSE TYPE *		OLCC LICENSE # *	OLCC PREMISES #*	Fields with an asterisk are required.	
6	DS	\$			When entering OLCC License # and/or OLCC Premises # , this is a six	
	TTB BASIC PERMIT #	TTB FILE UPLOAD			digit field. If you number is only 5 digits add a zero at the front.	
		NO FILE CHOSEN	SELECT FILE		EXAMPLE: Premises # 22445 should be entered as 022445	
		F LICENSE NAME IS THE SAME AS ACCOUNT LEGAL NAME				
	LICENSE NAME *		LICENSE TRADE NAME*			

STEP 7 & 8

Physical and Mailing Address Information

For the license location, enter the information for the physical premises and mailing address.

If the address is the same as the account, use the checkboxes to duplicate data to the form.

eate License					
PREMISES ADDRESS INFORM	IATION				
	CLICK THIS CHECKBOX IF THE LICENSE PREMISES A	DDRESS IS THE SAME AS ACCOUNT	NT'S PHYSICAL ADDRESS		
	ADDRESS 1 *		ADDRESS 2		
7					
	CITY *	STATE *		ZIP CODE *	
			\$		
	COUNTRY*				
	United States of America	\$			
	TION				
MAILING ADDRESS INFORMA	non				
	CLICK THIS CHECKBOX IF THE MAILING ADDRESS IS	THE SAME AS THE PREMISES ADD	DRESS		
	ADDRESS 1 *		ADDRESS 2		
8	ADDRESS 1 *		ADDRESS 2		
8	ADDRESS 1*	STATE*	ADDRESS 2	ZIP CODE *	
8	ADDRESS 1 *	STATE*	ADDRESS 2	ZIP CODE *	
8	ADDRESS 1*	STATE *	ADDRESS 2	ZIP CODE *	

Associating a License – COMPLETE

STEP 9, 10 and 11

Contact Information and Certification

For the Contact information, this should be someone that is located at the premises address.

Once data is entered, click the checkbox to certify and then press Submit.

Create License				
	FIRST NAME*	LAST NAME *		
9]	
	EMAIL*	PHONE NUMBER *	FAX NUMBER	
GERTIFICATION				
	PLEASE COMPLETE THE INFOMATION BELOW.			
	REQUESTOR FULL NAME	ng User		
	LEGAL BUSINESS NAME A TRA	INING COMPANY		
	I certify and affirm that all information presented in this form is true and cor the information included in all supporting documentation is true and accura understand that knowingly making a false statement or representation on t	rrect, that any documents I have presente tte. I make this certification and affirmation his form is a criminal violation.	ed to OLCC are genuine and that on under penalty of perjury and I	
	BY CLICKING "YES" I AGREE WITH THE ABOVE STATEMENT • VES			
	10		Submit Cancel	
			Cancer	