

Alcohol Provider Application

Applicant Information

Name of Business

Contact Name:

Email:

Phone:

Business
Address:

City:

State:

Zip Code:

Type of Business:

Event Date:
(if applies)

Are you interested in being an approved provider on other rentals? _____

Listed on our website for our renters to call for a bid? _____

Alcohol License Information

License number::

City:

State:

Zip Code:

Professional References

Name:

Address:

Phone:

Name:

Address:

Phone:

Please send a copy of your OLCC approval, alcohol license & W-9 Form with application, as well as current insurance required.

Once we receive all necessary forms, you will be sent a contract from the Benton County Event Center & Fairgrounds.

Please return to Jennifer.Martin@bentoncountyor.gov

Signature of applicant:

Date:

Signature of co-applicant:

Date: