

# 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.**

Once your application is approved, you will be sent a contract from the Benton County Event Center & Fairgrounds, Director, Jesse Ott

Please return to [Jess.Ott@co.benton.or.us](mailto:Jess.Ott@co.benton.or.us) or mail to: 110 SW 53<sup>rd</sup> St. Corvallis, OR 97333

Signature of applicant:

Date:

Signature of co-applicant:

Date: