

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:

Once your application is approved, you will be sent a contract from the Benton County Event Center & Fairgrounds Manager, Lynne McKee

Please return to LynneMcKee@co.benton.or.us or mail to: 110 SW 53rd St. Corvallis, OR 97333

Signature of applicant:

Date:

Signature of co-applicant:

Date: