



Benton County Liquor License Endorsement Application

The Oregon Liquor License Process...

1. Determine Type of Liquor License You Need/Business Location (OLCC)
2. Complete License Application Packet (OLCC)

3. Apply for Local Government Endorsement – you’re at this step!

4. Investigation by OLCC
5. OLCC Approves, Denies, Restricts, or Makes Recommendations

INSTRUCTIONS: 1) Attach copy of OLCC documents. 2) If also applying for, or renewing, a tobacco sales license, include completed “Benton County Tobacco Retail Sales License Application.” 3) Enclose check for all fees made out to “BCSO.”

TYPE OF APPLICATION:

<input type="checkbox"/> NEW (FEE \$100)	<input type="checkbox"/> RENEWAL (FEE \$35)	<input type="checkbox"/> CHANGE (FEE \$75) SPECIFY CHANGE:
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BUSINESS INFORMATION:

BUSINESS NAME:		
PRIMARY APPLICANT NAME:		
EMAIL:	PHONE:	
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP:

APPLICANT INFORMATION: Please provide information for the owner(s) if the business is a sole proprietorship or partnership. If the business is part of a corporation, please provide information for at least two corporate officers. If more than two owners, complete page 2 of this application.

OWNER/CORPORATE OFFICER NAME:	CO-OWNER/CORPORATE OFFICER NAME:
ALSO KNOWN AS:	ALSO KNOWN AS:
DATE OF BIRTH:	DATE OF BIRTH:
DRIVERS’ LICENSE #:	DRIVERS’ LICENSE #:

By signing below I hereby authorize the Benton County Sheriff’s Office to conduct a criminal history and DMV background check. I understand that all available police, criminal, and administrative records will be checked on both me and my business. I understand that the information will be used by the Sheriff to make a recommendation to the Benton County Board of Commissioners regarding my suitability to hold a liquor license. Information will remain confidential as required by law.

SIGNATURE	DATE	SIGNATURE	DATE
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For Sheriff’s Office Use Only:			
DATE APP. RECEIVED: _____	PAYMENT RECEIVED: Ck#: _____	AMT: _____	<input type="checkbox"/> COMM. DEV. DEPT. CONTACTED _____ <input type="checkbox"/> BUSINESS REGISTRY _____
<input type="checkbox"/> PROPERTY TAX Ck. _____	<input type="checkbox"/> BKGROUND Ck COMPLETED DATE: _____	BY: _____	SHERIFF’S RECOMMENDATION: <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE
AGENDA CHECKLIST SUBMITTED: _____	BOC MEETING DATE: _____	APPLICANT NOTIFIED OF MTG.: _____	BOC DECISION: <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE
BOC RECOMMENDATION SUBMITTED TO OLCC: _____		BOC RECOMMENDATION SENT TO APPLICANT: _____	



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Complete this page only if your business has more than two owners.

BUSINESS INFORMATION:

BUSINESS NAME:

ADDITIONAL OWNERS:

By signing below I hereby authorize the Benton County Sheriff's Office to conduct a criminal history and DMV background check. I understand that all available police, criminal, and administrative records will be checked on both me and my business. I understand that the information will be used by the Sheriff to make a recommendation to the Benton County Board of Commissioners regarding my suitability to hold a liquor license. Information will remain confidential as required by law.

CO-OWNER NAME:

ALSO KNOWN AS:

DATE OF BIRTH:

DRIVERS' LICENSE #:

SIGNATURE:

DATE:

CO-OWNER NAME:

ALSO KNOWN AS:

DATE OF BIRTH:

DRIVERS' LICENSE #:

SIGNATURE:

DATE:

CO-OWNER NAME:

ALSO KNOWN AS:

DATE OF BIRTH:

DRIVERS' LICENSE #:

SIGNATURE:

DATE: