

# OLCC COUNTY APPLICATION FORM

## PLEASE PRINT CLEARLY

DATE OF SUBMISSION: \_\_\_\_\_

TYPE OF LICENSE (Renewal, Modification, or New): \_\_\_\_\_

BUSINESS NAME/ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME AND PHONE # OF CONTACT PERSON: \_\_\_\_\_

APPLICANT: Please list your full name and address in the space below; if there are any additional partners, list the same information for them. If the business is a corporation, the name and address of the home office; the name and address of the designated agent in the state if a foreign corporation and the name and address of the local agent or representative who will be in charge of the business in the County:

1. _____ <i>First Middle Last</i> _____ <i>Date of Birth (MM/DD/YYYY)</i> _____ <i>Address</i> _____ <i>City State Zip</i>	2. _____ <i>First Middle Last</i> _____ <i>Date of Birth (MM/DD/YYYY)</i> _____ <i>Address</i> _____ <i>City State Zip</i>
3. _____ <i>First Middle Last</i> _____ <i>Date of Birth (MM/DD/YYYY)</i> _____ <i>Address</i> _____ <i>City State Zip</i>	4. _____ <i>First Middle Last</i> _____ <i>Date of Birth (MM/DD/YYYY)</i> _____ <i>Address</i> _____ <i>City State Zip</i>

I certify that the above information is complete and correct. I agree to provide any additional information which may be required. I hereby grant permission to the Tillamook County Sheriff to conduct an investigation of the applicant background.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

★If submitted electronically, application **MUST BE IN PDF  FORMAT** – JPG/other image formats will not be accepted★

## OFFICE USE ONLY

☐ Admin Fee \$25  
☐ Renewal \$35  
☐ Mod \$75  
☐ New \$100

Received \_\_\_\_\_

