





# Benton County Liquor License Endorsement Application, p. 2

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: