

**APPLICATION FOR ON PREMISES CONSUMPTION - HOTEL, MOTEL, OR RESTAURANT PERMIT**  
City of Harrison, P O Box 1715, Harrison, AR 72602

Type of On Premises Consumption Permit: \_\_\_ Hotel \_\_\_ Motel \_\_\_ Restaurant

Please print or type the following:

Business

Applicant

Name: \_\_\_\_\_  
(Must be person listed on State Permit)

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***\*ALL INFORMATION MUST BE FILLED OUT***

Driver's License #: \_\_\_\_\_

***BEFORE APPLICATION WILL BE PROCESSED.***

Permit fee - Hotel (enclose check payable to City of Harrison)

A. Capacity of fewer than one hundred (100) rooms. \$375.00 \_\_\_\_\_

B. Capacity of one hundred (100) or more rooms. \$750.00 \_\_\_\_\_

Capacity \_\_\_\_\_ Amount due \$ \_\_\_\_\_

Permit fee - Restaurant (enclose check payable to the City of Harrison)

A. Seating capacity of less than one hundred (100). \$375.00 \_\_\_\_\_

B. Seating capacity of one hundred (100) or more. \$750.00 \_\_\_\_\_

Seating Capacity \_\_\_\_\_ Amount due \$ \_\_\_\_\_

If this is a new establishment, I do hereby swear and affirm that the location of the business for which this permit is sought meets all the requirements of the Alcoholic Beverage Code of the City of Harrison and currently holds a valid license from the State of Arkansas for the class of license being sought.

Applicant's signature \_\_\_\_\_  
(Must be person listed on State Permit)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Seal)

\_\_\_\_\_  
My commission expires

**A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION**