

APPLICATION FOR BEER and WINE FESTIVAL PERMIT

City of Harrison

P O Box 1715, Harrison, AR 72602

Type of Permit: On Premises Consumption

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 \_\_\_\_\_

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

***\*All Information Must Be Filled Out  
Before Application Will Be Processed.***

**\$125.00**

In addition to the permit fee a city supplemental beverage tax of 1/2 of 1 percent (.005) of the gross sales is hereby levied. This supplemental tax shall be reported and paid within 30 days after the event.

Dates and Hours. Applications must be made for specific events with a maximum duration of five (5) consecutive days. Hours of sales shall only be established by the State of Arkansas. No Sunday sales are permitted.

Permitee must provide and pay for security as required and approved by the City Police Chief. Sales shall be confined to secured area designated by the Parks and Recreation Commission. Permitee must be responsible for clean-up and repairs. Permitee is subject to all requirements imposed by the Parks and Recreation Commission.

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 that a current license from the State of Arkansas has been issued.

Affidavit — The below signed applicant, being 21 years of age or older, after first being duly sworn, states that all above information is true and accurate to the best of his or her knowledge and belief.

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**