

APPLICATION FOR RETAIL PACKAGE LIQUOR PERMIT

City of Harrison

P O Box 1715, Harrison, AR 72602

Type of Permit: Off 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 _____

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

Driver's License #: _____

ANNUAL PERMIT FEE DUE JUNE 30th:

\$425



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