

APPLICATION FOR TEMPORARY BEER SALES 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.***

\$25.00

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 of sales shall only be established by the State of Arkansas. No Sunday sales are permitted.

Permittee 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. Permittee must be responsible for clean-up and repairs. Permittee 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

My commission expires _____

(Seal)

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION