

APPLICATION FOR WHOLESALE BEER AND LIGHT WINE PERMIT

City of Harrison, P O box 1715, Harrison, AR 72602

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 (enclose check payable to City of Harrison)

\$125.00

Required report of beer and light wine sales to each retailer within the City:

_____ **Attached**

_____ **Furnished to City on** _____
(Date)

Affidavit – The below signed wholesale dealer, 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