

**STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION**

**CERTIFICATION OF PERMIT STATUS
(FOR GROCERY STORE WINE PERMIT)**

I, _____, certify that I am the existing
Applicant (Please Print)

permittee/managing agent for Arkansas Small Farm Wine Retail Permit Number _____,
Permit No.

issued to: _____
Business Name

Business Address

I further certify that the information on file with the Arkansas Alcoholic Beverage Control regarding my background, the permitted business entity, and the permitted location is accurate. I understand that any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this _____ day of _____, _____.

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____