

APPLICATION FOR HOTEL-MOTEL-RESTAURANT PERMIT

INSTRUCTIONS

- 1. Permit fees are listed below. **NO CASH.** Remit half of this amount when making application after December 1 and before May 1. If application is refused, one-half of the application fee is refunded. **PLEASE PRINT IN INK OR TYPE. NOTE: FORMS MUST BE NOTARIZED.**

Hotel or Motel having 50 through 99 rooms	\$ 750.00
Hotel or Motel having 100 or more rooms	\$1500.00
Restaurant with seating capacity of 50 through 99	\$ 750.00
Restaurant with seating capacity of 100 or more	\$1500.00

APPLICATION MUST BE ACCOMPANIED BY CRIMINAL BACKGROUND INVESTIGATION (FORMS AND INSTRUCTIONS ENCLOSED).

- 2. Applicant must be a citizen of the United States, or a permanent resident alien (must attach a copy of green card), and a resident of Arkansas. Applicant must also be resident of the county in which application has been made, or live within 35 miles of the premises to be permitted. Partners must meet the same qualifications, and also complete Schedule A and Authority to Release Information forms.
- 3. If a permit is currently issued at the location, a letter of authorization for use of the permit must accompany this application (must be on form provided by ABC Administration.)
- 4. If you do not own or lease the property, you must furnish a copy of written authorization for you to occupy the property; i.e., option to lease, options to purchase, or buy-sell agreement.
- 5. A floor plan (8 ½ x 11) and description of the restaurant, including the kitchen and serving facilities, along with a sample menu must also accompany the application. Complete meals must be regularly served at least 5 days per week; if you elect to be open 6 days a week, at least one meal per day shall be served. ***THE FLOOR PLAN SHOULD SPECIFICALLY IDENTIFY ANY DESIGNATED OUTDOOR SERVICE AREAS THAT MIGHT BE COVERED THE PERMIT.***
- 6. If this is an application for a **NEW** permit or a **NEW** location, you must furnish a minimum of three (3) pictures of your outlet or building site. These pictures should show a front, side and back view of the exterior of the building. You may make these pictures with the camera of your choice.
- 7. If this application is being made on behalf of a corporation or LLC, Schedule A and Authority to Release Information forms must be submitted on anyone who holds more that 5% of the stock in the corporation or member of the LLC (these individuals do not have to Arkansas residents). A file-marked copy of the Articles of Incorporation/Articles of Organization, and a file-marked copy of Fictitious Name Registration, if trade name is different from corporate/LLC name, must also accompany the application. **NOTE:** FEIN (Federal Employer Identification Number) is required for all corporations/LLC's.

MAIL DIRECTLY TO: Alcoholic Beverage Control Division
 1515 West 7th Street, Suite 503
 Little Rock, Arkansas 72201

WHEN YOUR APPLICATION FOR A NEW PERMIT HAS BEEN RECEIVED BY THIS OFFICE, YOU WILL BE FORWARDED THE NOTICE OF PUBLICATION, A SIGN FOR POSTING OF THE PREMISES AND A FORM FOR CERTIFICATION OF SUCH POSTING. YOU WILL ALSO RECEIVE THE NECESSARY INSTRUCTIONS WITH THESE FORMS TO ASSIST YOU IN THEIR PROPER USAGE.

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION



APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel

() Restaurant Only

New Application _____

Replacement _____

Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

_____ FEIN# _____
Corporate/Partnership/LLC Name

NAME _____
First Middle Last

HOME ADDRESS _____
Street City Zip County

BUSINESS NAME _____ FORMER NAME _____

BUSINESS ADDRESS _____
Street City Zip County

Is proposed location inside or outside city limits? _____

Are the beverages to be sold in connection with any other business? _____ If so, state type of business

Are you the owner of the proposed premises? _____ If leased, give name and address of owner

_____ Does anyone now hold a permit at this location? _____ If so, give name, type and permit number(s) of same

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? _____

If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel _____ Seating capacity of restaurant _____
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch _____ Dinner _____ Number of days open per week _____

Has there ever been a beer, wine or liquor permit revoked at this location? _____ If so, give name and date revoked _____



If applicant is a partnership, give names and addresses of all partners:

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

(B) Name and address of President and Secretary:

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will 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: _____