



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR ON PREMISES WINE PERMIT

New application _____
Replacement _____
Permit No. _____

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

IF CORPORATION, GIVE NAME _____ FEIN# _____

NAME OF APPLICANT _____

HOME ADDRESS OF APPLICANT _____
Street Address City Zip County

TRADE NAME OF BUSINESS _____ FORMER NAME _____

ADDRESS OF BUSINESS _____
Street Address City Zip County

Is proposed location inside or outside the city limits? _____

Are you the owner of the premises to be occupied? _____ Do you have the premises leased? _____

If so, give name and address of owner _____

Do you have pool tables where wine will be sold? _____ If so, how many? _____

Does anyone now hold a beer, wine or liquor permit at this location? _____

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

Do you or any other person interested in this permit hold a beer, wine or liquor permit? _____

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

Give nearest distance, building to building, from:

CHURCH _____ SCHOOL _____



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

If applicant is a corporation give (A) names and addresses of stockholders and amount of stock held by each:

(B) Give names and addresses 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 this application; any misstatements or concealment of fact will be grounds for refusal of application or revocation permit or permits if later disclosed.

Signed this _____ day of _____, _____.

Signature of Applicant or Managing Agent

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____