

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR WINE SHIPPING PERMIT
[Act 483 of 2013]

ABCD Permit No. _____
(To be completed by agency)

Name of Business _____

Address of Business _____
Street Address

City State Zip

Mailing Address if Different from Above

City State Zip

Office Phone: _____

Office Fax: _____

Email: _____

[Verification by company officer on reverse of this form]

VERIFICATION

I, _____, am an officer of the above company, and I do hereby verify that the information shown on the first page of this form is true and correct to the best of my knowledge. I understand my company is bound by applicable provisions of Act 483 of 2013 and any ABC regulations that may apply to my company.

BY: _____
Signature

Company Title

STATE OF _____

COUNTY OF _____

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

Notary Public

My Commission Expires:

RETURN FORM WITH FEE ATTACHED TO:

Alcoholic Beverage Control Division
101 East Capitol, Suite 401
Little Rock, Arkansas 72201-3953

CONTACT PERSON INFORMATION:

NAME: _____

ADDRESS: _____

CONTACT TELEPHONE: _____

(REVISED 04-27-2021)