

APPLICATION FOR CITY OF HARRISON PRIVATE CLUB PERMIT
City of Harrison, P O Box 1715, Harrison, AR 72602

Private Club Name _____

Business Location _____

Mailing Address _____

(Include city, state, zip)

List All Persons Owning or Holding an Interest in the Private Club *(Attach supplement, if necessary)*

Name _____ Address (#, Street, City, State, Zip) _____ Phone _____ Birth Date _____ Drivers License _____

****ALL INFORMATION MUST BE FILLED OUT BEFORE APPLICATION WILL BE PROCESSED.***

Owner of building in which business is located:

Name _____ Address _____ Phone _____

ATTACH A COPY OF CURRENT STATE PERMIT AND SUPPLY THE FOLLOWING INFORMATION

Current Number of Members _____ Date Club Organized _____

Amount of Membership Dues _____ Check one: () Annual () Monthly

Method used for dispensing alcoholic beverages:

() Locker System (Beverages owned by members individually)

() Pool or revolving fund system (Beverages owned in common by membership)

Applicant's Name _____ Title _____

()

Driver's License # _____ Birth Date _____

Attached is check # _____ for \$750.00, to cover the Private Club Privilege Permit fee.

Plus 5% of gross sales to be submitted monthly on or before the 20th day of the month following any month in which sales were made.

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