

APPLICATION FOR ON PREMISES CONSUMPTION - HOTEL, MOTEL, OR RESTAURANT PERMIT
 City of Harrison, P O Box 1715, Harrison, AR 72602

Type of On Premises Consumption Permit: ___ Hotel ___ Motel ___ Restaurant

Please print or type the following:

Business

Applicant

Name: _____
 (Must be person listed on State Permit)

Address: _____

City, State Zip: _____

Phone: _____

Mailing Address: _____ Date of Birth: _____

Driver's License #: _____

****ALL INFORMATION MUST BE FILLED OUT***

BEFORE APPLICATION WILL BE PROCESSED.

Permit fee - Hotel (enclose check payable to City of Harrison)

A. Capacity of fewer than one hundred (100) rooms. \$375.00 _____

B. Capacity of one hundred (100) or more rooms. \$750.00 _____

Capacity _____ **Amount due** \$ _____

Permit fee - Reataurant (enclose check payable to the City of Harrison)

A. Seating capacity of less than one hundred (100). \$375.00 _____

B. Seating capacity of one hundred (100) or more. \$750.00 _____

Seating Capacity _____ **Amount due** \$ _____

If this is a new establishment, I do hereby swear and affirm that the location of the business for which this permit is sought meets all the requirements of the Alcoholic Beverage Code of the City of Harrison and currently holds a valid license from the State of Arkansas for the class of license being sought.

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

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION