

**APPLICATION FOR CITY OF FAYETTEVILLE RETAIL LIQUOR PERMIT**

**City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701**

Regulated by Title XI, Chapter 111 of the City of Fayetteville Code of Ordinances

I (We) do hereby make application to the City of Fayetteville, Arkansas, for a Retail Liquor Permit.

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Business Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

List All Persons Owning or Holding an Interest in the Business *(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**

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print) (Must be person listed on State Permit)

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Attached is check # \_\_\_\_\_ for \$250.00, to cover said permit fee.

If this is a new establishment, I do hereby swear and affirm that the location of the business for which this permit is sought is not within 200 yards of any church or school building, if said business is a retail establishment for the sale of alcoholic beverages for consumption off the premises; or is not within 300 feet of any church or school building for any other business for which a City of Fayetteville alcoholic beverage permit is required.

Affidavit – The below signed retail liquor dealer after being duly sworn, states that all of the above information is true and accurate to the best of his or her belief and knowledge.

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

**APPLICATION FOR RETAIL BEER AND LIGHT WINE PERMIT**

**City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701**

Regulated by Title XI, Chapter 111 of the City of Fayetteville Code of Ordinances

Type of Permit: \_\_\_ On Premises Consumption \_\_\_ Off Premises Consumption

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: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

***BEFORE APPLICATION WILL BE PROCESSED.***

Permit fee for new applicant with no sales history

\$ 40.00

**Sales Information: (Include gross sales of beer and light wine):**

1. Gross sales of beer and light wine, year ended 12/31/20 \_\_\_\_\_

\$ \_\_\_\_\_

2. Less than 12 months of sales: number of months \_\_\_\_\_, divide  
gross sales by number of months and multiply by 12.

\$ \_\_\_\_\_

**Permit fee calculation (please enclose check payable to City of Fayetteville):**

3. Deduct: \$1,000.00 from line 1 or 2 whichever applies \_\_\_\_\_

\_\_\_\_\_

4. Multiply: Line 3 times .005 \_\_\_\_\_

\_\_\_\_\_

5. Add: Base fee for up to & including \$1,000.00 in gross sales \_\_\_\_\_

15.00

**Total Amount Due (Add lines 4 & 5)**

\$ \_\_\_\_\_

**OVERPAYMENTS OF \$5.00 OR LESS WILL NOT BE REFUNDED**

I do hereby swear and affirm that the location of the business for which this permit is sought is not within 200 yards of any church or school building, if said business is a retail establishment for the sale of alcoholic beverages for consumption off the premises; or is not within 300 feet of any church or school building for any other business for which a City of Fayetteville alcoholic beverage permit is required.

Affidavit – The below signed applicant, being 21 years of age or older, after first being duly sworn, states that all above information is true and accurate to the best of his or her knowledge and belief.

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**