



APPLICATION FOR PRIVATE CLUB PERMIT

MUST BE A NON-PROFIT CORPORATION

On file at the Arkansas Secretary of State's Office

INSTRUCTIONS

1. Answer all questions correctly and in full. PLEASE PRINT IN INK OR TYPE.
2. Application fee is \$1,500.00 and must be submitted with this application.
3. A copy of the application to the State Alcohol Beverage Control Division must be attached.
3. Applicant must be a citizen of the United States or a permanent resident alien (must provide a copy of green card) and a resident of Arkansas.
4. The following additional materials must be submitted with your application:
 - a. A current list of names and addresses of all board members.
 - b. The address where the business will be located. If the non-profit corporation does not own the property, a copy of the lease must be attached.
5. If the non-profit does not begin operation within six months of the permit being issued, the permit will be null and void.
6. If the non-profit does not operate the business for a continual six months, the permit will be null and void.
7. Permit renewals are \$250.00 and due between December 1st and December 31st of each year.

MAIL OR DELIVER TO:

Clarksville City Clerk/Treasurer

205 Walnut Street

Clarksville, AR 72830

**APPLICATION FOR CITY OF CLARKSVILLE PRIVATE CLUB
PERMIT**

City of Clarksville 205 Walnut Street, Clarksville, AR 72830
Regulated by Ordinance 18-796 of the City of Clarksville

I (We) do hereby make application to the City of Clarksville, Arkansas, for a Private Club Permit.

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	Driver's License

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

Owner of building in which business is located:

Name _____ Adress _____ 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

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

Driver's License Number & State Issued _____ Birth Date _____

Attached is check # _____ for \$1500 00, to cover the Private Club Privilege Permit Application 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 300 feet of any church or school building.

Applicant's signature (Must be the person listed on State Permit) _____

Subscribed and sworn before me this _____ day of _____ 20 _____

(Seal)

Notary Public

My Commission Expires

APPLICATION APPROVED BY THE CITY COUNCIL OF THE CITY OF CLARKSVILLE, ARKANSAS

ON THE _____ DAY OF _____ 20 _____

ATTEST:

(SEAL)

Barbara Blackard
City Clerk/Treasurer



Private Club Monthly Declaration of Sales of Alcoholic Beverages

(Payable by the 20th of each month following the month of the sales)

RETURN THIS COPY FOR PROPER CREDIT

For the Month _____
 Business Name _____
 Owner's/Corporation Name _____
 Physical Address _____

NOTICE
 Make checks payable to:
 City of Clarksville
 Mail to:
 City of Clarksville
 205 Walnut Street
 Clarksville, AR 72830

Computation of Tax

- | | |
|--|----------|
| 1. Gross Receipts of Sales of Beer, Wine and Mixed Drinks: | \$ _____ |
| 2. Tax Due (5% of Gross Receipts in line 1): | \$ _____ |
| 3. Gross Receipts of Mixed Drinks Only: | \$ _____ |
| 4. Tax Due (2% of Gross Receipts in line 3): | \$ _____ |
| 5. Total Tax Due (Line 2 plus Line 4): | \$ _____ |
| 6. Penalty after the 20th: (10% of line 5) | \$ _____ |
| 7. Total Remittance (Line 5 plus Line 6) | \$ _____ |

A completed copy of the Arkansas Excise Tax Report for the same month as this report must be attached to the report.

I hereby state, avow and affirm that the statements contained herein are full, true, and correct. I also agree that the total taxable receipts shown on this report agree with the total amount reported to the State of Arkansas Department of Finance.
 Date Prepared _____

Signature of Owner, Officer or Authorized Agent _____

Print Name and Title: _____ Phone: _____