



APPLICATION FOR PRIVATE CLUB PERMIT

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 (\$750.00 after July 1st) 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. The address where the business will be located. If the business does not own the property, a copy of the lease must be attached.
5. If the business does not begin operation within 12 months of the permit being issued, the permit will be null and void.
6. If the business does not operate the business for a continual 12 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 25-983

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	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: _____
Address: _____
Phone: _____

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

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

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

Attached is Check # _____ for \$ _____ to cover the Private Club 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: _____
Lisa Venson, City Clerk/Treasurer

(SEAL)