

APPLICATION FOR CHANGE IN TYPE OF BUSINESS OPERATION OF PRIVATE CLUB

MUST BE NON-PROFIT CORPORATION On file at Arkansas Secretary of State's Office

Answer all questions correctly and in full. PLEASE PRINT IN INK OR TYPE.

NOTE: FORMS MUST BE NOTARIZED.

1.

2.	Application fee is _	and must be submitted with this application.						
3.	Applicant must be a and a resident of A	e a citizen of the United States or a permanent resident alien (must provide a copy of green card) Arkansas.						
MAIL	OR DELIVER DIRECTLY	TO: Chief of Police Jonesboro Police 1001 S. Carawa Jonesboro, Arka	y Road					
We he		ation to change our	type of business operation	associated with c	ur permit to serve	alcoholi		
Non-Profit Corporation				PERMIT #				
APPL CLUB	ICANT ON BEHALF (
		First	Middle	l	Last			
НОМ	E ADDRESS	Street	City	Zip	County			
BUSII	NESS NAME							
BUSII	NESS ADDRESS							
		Street	City	Zip	County			
ls you	r establishment curre	ntly primarily engage	ed in the business of serving	food for consum	ption on the premis	es? 		

If the answer to the previous question is no, then what type of business are you currently engaged in on the premises? Please list all activities offered.							
What type of business activity are you proposing to change,	add with this application?						
I,, do hereby acknowledge that alknowledge.	Il answers submitted are true and correct to the best of my						
Signed this day of							
	Signature of Applicant/Managing Agent						
	Official Title						
Subscribed and sworn to before me this day of	·						
	Notary Public						
My Commission Expires::							