APPLICATION FOR ALCOHOL PERMIT

INSTRUCTIONS

1. Answer all questions correctly and in full. **PLEASE PRINT IN INK OR TYPE.**
   NOTE: FORMS MUST BE NOTARIZED.

APPLICATION MUST BE ACCOMPANIED BY CRIMINAL BACKGROUND INVESTIGATION RESULTS OF THE APPLICANT (FORMS AND INSTRUCTIONS ENCLOSED).

2. Application fee is $250 and must be paid at the City Collector's Office at 300 S. Church Street, Jonesboro, Arkansas 72401 or by telephone (with a credit card, excluding American Express) at 870-932-3042. Proof of payment must be submitted with this application.

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 the owners, principals (including but not limited to partners, officers, directors, managers, or other persons making decisions for the entity which are listed with the Arkansas Secretary of State, where applicable), and a signed "authority to release information form" from each listed person.

   b. The address where the business will be located. If the named entity does not own the property, a copy of the lease, option to lease, option to purchase, or buy-sell agreement in **favor of the entity** must be attached.

MAIL OR DELIVER DIRECTLY TO:

Chief of Police
Jonesboro Police Department
1001 S. Caraway Road
Jonesboro, Arkansas 72401

5. Once you have received the report from the Jonesboro Police Department, it is your responsibility to get this matter on the City Council agenda. To do so, you must take the report and an ordinance (prepared by you or your legal counsel) to the City Clerk's Office at 300 S. Church Street, Jonesboro, Arkansas. The City Clerk will advise you the cost involved in the publication of the ordinance and you are required to pay those costs before the ordinance will be placed on the agenda.

CITY OF JONESBORO

APPLICATION FOR ALCOHOL PERMIT

We hereby make an application for a permit to serve alcoholic beverages on our premises.

NAME OF ENTITY _____ FEIN # _____

APPLICANT NAME _____
First Middle Last

HOME ADDRESS _____
Street City Zip County

BUSINESS NAME _____

BUSINESS ADDRESS _____
Street City Zip County

Does the entity own the premises? _____ If leased, give name and address of owner:

_____

Is your establishment primarily engaged in the business of serving food for consumption on the premises?

_____

If the answer to the above question is no, then what type of business will you be engaged in on the premises? Please list all activities to be offered.

_____

Does anyone now hold an alcoholic beverage permit at this location? _____ If so, give name, address and permit no(s).

_____

Give names and addresses of all owners/principals listed with the Arkansas Secretary of State:

NAME	TITLE	ADDRESS

Have any of the persons listed above been under the sentence, whether suspended or otherwise, of any court for the conviction of a felony within two (2) years preceding the date of this application? YES NO If yes, please explain -

_____

_____

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: _____:

SCHEDULE A – INDIVIDUAL'S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name_____ Sex _____ Date of Birth _____

2. Home Address _____ Phone No. _____
   Street City Zip

3. Are you a person of good moral character and reputation in your community? _____

4. Are you a **(CITIZEN)** or **(PERMANENT RESIDENT ALIEN)** of the United States? **CIRCLE ONE**
   Social Security No. _____ Green Card No. _____

5. Are you a resident of Craighead county? _____

   If not, do you live within 35 miles of the premises to be permitted? _____

6. Have you ever been convicted of a felony? **YES _____ NO _____** If so, give full information
   _____
   _____

7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? YES NO If so, give full information. _____
   _____

8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this application? **YES _____ NO _____** If so, give full information _____
   _____

9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? _____ If so, give name, place, and permit number(s)
   _____

10. Have you applied and been refused a permit at the applied for location within the last 12 months? _____
    If so, give full information_____
    _____

11. Marital Status: Single ( ) Married ( ) Divorced ( ) Separated ( ) Other ( )

12. Furnish complete information regarding members of immediate family:

Relationship	Full Name	Address	Occupation

(a) Are any of the above to be connected with the operation of the outlet? _____

(b) If so, who and in what capacity? _____

13. Give your home address (city or town) and dates at each for the past five (5) years:
_____
_____
_____

14. Covering the past five (5) years, give in detail the following:

Your Business or Occupation	Name & Address of Employer	Dates of Employment

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

_____
Applicant's Signature

STATE OF ARKANSAS

COUNTY OF _____

_____, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public

My Commission Expires: _____:

AUTHORITY TO RELEASE INFORMATION

Application filed by Applicant -A, Principal - P: _____

TO WHOM IT MAY CONCERN:

I understand that the City of Jonesboro will conduct an investigation before a final decision is made on this alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the City of Jonesboro.

_____
Signature – Full Name

_____
Date

_____
Home Address

_____
City State Zip

_____
Mailing Address

_____
City State Zip

_____
Contact Phone Business Phone

_____
Email Address

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public

My Commission Expires: _____:

IMPORTANT INFORMATION AND INSTRUCTIONS

REGARDING A CRIMINAL BACKGROUND CHECK

1. Alcoholic Beverage Control laws and regulations prohibit the issuance of a permit to a person who has been convicted of a felony. This law also applies to partners, stockholders (persons who own more than 5% of the stock in a corporation) or members of an LLC who own more than 5% interest.

2. Attached is a criminal background application which must be completed and submitted to the Arkansas State Police. They will return the Arkansas background check results to you; ***the original document must accompany the City of Jonesboro application.*** If this report indicates you (partner, stockholder or member of LLC, if applicable) are not a convicted felon, your application will be eligible for consideration by the city. Amount of $25.00 (check or money order) is due at time of submission to Arkansas State Police.

   A SELF-ADDRESSED, STAMPED ENVELOPE MUST BE ENCLOSED WITH SUBMISSION OF THE ABOVE.

4. If you wish to complete this process in person, go to the Arkansas State Police Headquarters. You will be required to show a state issued photo ID or driver's license. Payment must be by check or money order made payable to Arkansas State Police.

Background investigation questions; call Arkansas State Police at
501 618 8500.

MAIL TO: **Arkansas State Police**
ATTN: Identification Bureau
#1 State Police Plaza
Little Rock, Arkansas 72209

Application for Criminal History Check
for Alcoholic Beverage Permit
A.C.A 3-2-103
(See other side for instructions)

Full Name: _____
Last Name **First Name** **Middle Name**

_____
All other names ever used (married names, maiden, shortened, etc)

Date of Birth: _____ State of Birth: _____ Race: _____Sex: _____
Month / Day / Year)

Social Security #: _____Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Day Time Phone: _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON AND / OR ENTITY :

Name: _____ Phone: _____
Full Name of Agency

Mailing Address: _____
Street City State ZIP

Signature_____ Date:_____
(First / Ml / Last Name) (Month / Day / Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public

My Commission Expires: _____: