

#### 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	I	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 pri	marily engaged in the b	ousiness of serving food for co	onsumption on t	the premises?
If the answer to the above all activities to be offered	·	what type of business will you	u be engaged in	on the premises? Please list
Does anyone now hold ar	n alcoholic beverage pe	rmit at this location?	If so, give nan	ne, address and permit no(s).

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

<u>NAME</u>	TITLE	ADDRESS
<u></u>		
		nce, whether suspended or otherwise, of any court for the late of this application? YES NO If yes, please
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 \_\_\_\_\_ \_\_\_\_\_ Phone No. \_\_\_\_\_ 2. Home Address \_\_\_\_\_ City Zip Street Are you a person of good moral character and reputation in your community? 3. Are you a (CITIZEN) or (PERMANENT RESIDENT ALIEN) of the United States? CIRCLE ONE 4. Social Security No. \_\_\_\_\_ Green Card No. \_\_\_\_\_ Are you a resident of Craighead county? 5. If not, do you live within 35 miles of the premises to be permitted? Have you ever been convicted of a felony? YES \_\_\_\_\_\_ NO \_\_\_\_\_ If so, give full information 6. 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. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this 8. application? YES \_\_\_\_\_ NO \_\_\_\_ If so, give full information \_\_\_\_\_ Do you presently hold or have you ever held an alcoholic beverage permit(s)? If so, give name, place, and 9. 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

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(a)	Are any of the abo	ove to be conn	ected with the oper	ation of the outlet?		
(b)	If so, who and in what capacity?					
13.	Give your home a	ddress (city or	town) and dates at	each for the past five (5) y	years:	
14. Co	overing the past five	e (5) years, give	e in detail the follov	ving:		
	Your Business or Occupation		Name & Address of Employer		<u>Dates of Employment</u>	
Divisio license	n, nor will any age	nt or employe	e be allowed to vio	is State or any regulation llate any law or regulatio t all times to all law enfor	n. It is here	eby consented that the
				Applicant's Signature	<u> </u>	
STATE	OF ARKANSAS					
COUN	TY OF					
each c	of the questions to			aly sworn on oath depos and that his/her said ans		
Subscr	ibed and sworn to b	pefore me this	day of	<i>_</i>		
				Notary Public		
Му Со	mmission 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 a beverage permit. This investigation may include inquiries of a permit being issued at the applied for location.	_		
To facilitate this investigation, I do hereby give my conseinformation from their records to the City of Jonesboro.	nt and authority for	any public util	ity or police agency to furnish
		Signature – F	ull 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 Publ	ic	
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	t Name	First Name		Middle Name
All other names eve	r used (married names,	maiden, shortened, etc)		
	Month / Day / Year)	State of Birth:	Race:	Sex:
Social Security #:		Driver	's License #:	State
Mailing Address: _	Street	City	State	ZIP
Day Time Phone:				
		STATE POLICE TO CONDUCT PERSON AND / OR ENTITY :	A CRIMINAL RECORD	SEARCH ON MYSELF ANI
Name:			Phone:	
	Full Name of Agend	y .		
Mailing Address: _				
	Street	City	State	ZIP
Signature			Date:	
	(First / MI / Last Na	me)	(Month / Day ,	/ Year)
	(NO REQUEST WILL	BE PROCESSED WITHOUT A	NOTARIZED SIGNATUR	RE)
Subscribed and swo	rn to before me this	day of		·
		Notes	D. L.P.	
		Notary	Olldur	
My Commission Exp	oires:	:		