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October 30, 2017

**HAND DELIVERED**

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

Re: Therapy of Jonesboro, Inc. d/b/a Therapy

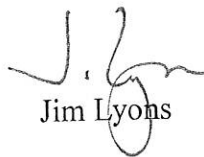
Dear Chief:

Please find enclosed the original signed and notarized Application for Transfer of Location of Private Club Permit with the required \$50.00 application fee. Also enclosed is a copy of the Legislation Text of RES-17:153 which sets the application fee of \$50.00.

If the application fee of \$50.00 is incorrect, or if there is some other issue regarding the application, please contact my office immediately and we will hand-deliver the correct fee or other information that may be required.

By carbon copy of this letter I am providing a copy of all of this information to Mayor Perrin and Carol Duncan, City Attorney. If you have any q  
hesitate to contact me. Thank you for your cooperation.

Sincerely,

  
Jim Lyons

ALCOHOL BEVERAGE  
APPLICATION FEE

01-0517-2

JL/ab

Enclosures

cc: Mayor Perrin (w/enc.)  
Carol Duncan (w/enc.)

F:\WP60\Ben Owens\JPD.ltr.wpd



**APPLICATION FOR TRANSFER OF LOCATION OF PRIVATE CLUB PERMIT**  
**MUST BE NON-PROFIT CORPORATION**  
On file at Arkansas Secretary of State's Office

1. Answer all questions correctly and in full. **PLEASE PRINT IN INK OR TYPE.**  
**NOTE: FORMS MUST BE NOTARIZED.**
2. Application fee is \$50.00 and 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:

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

MAIL OR DELIVER DIRECTLY TO:

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

We hereby make an application to transfer our permit to serve alcoholic beverages to another premises within the city of Jonesboro.

Therapy of Jonesboro, Inc. d/b/a Therapy

05137

Non-Profit Corporation

PERMIT #

APPLICANT ON BEHALF OF  
CLUB

Nisreen

Sabawi-Little

First

Middle

Last

HOME ADDRESS

201 West Elm Ave. Jonesboro 72401 Craighead

Street

City

Zip

County

BUSINESS NAME

Therapy

BUSINESS ADDRESS

223 S. Main St. Jonesboro 72401 Craighead

Street

City

Zip

County

Does the club own the premises? No If leased, give name and address of owner:  
BLO, LLC, 4272 Annadale Circle, Jonesboro, AR 72404

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

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? No If so, give name, address and permit no(s).

I certify the following (check any which are applicable):


No private club permit exists at the proposed location.

Existing permit for this location will be surrendered for cancellation upon the issuance of new permit.

Existing permit has been previously surrendered.

I, Nisreen Sabawi-Little, do hereby acknowledge that all answers submitted are true and correct to the best of my knowledge.

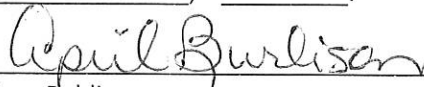
Signed this 30 day of October, 2017.

  
Signature of Applicant/Managing Agent

Managing Agent

Official Title

Subscribed and sworn to before me this 30 day of October, 2017.

  
Notary Public

My Commission Expires:

