

**CITY OF BRYANT – BRYANT, ARKANSAS**  
**210 SW 3RD ST., BRYANT, ARKANSAS**  
**PHONE: (501) 943-0943**

**CONTROLLED BEVERAGES APPLICATION**

**GENERAL BUSINESS INFORMATION**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**OWNER INFORMATION**

Owners Name or Corporate Owners Name: \_\_\_\_\_

Owners Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

# PERMIT INFORMATION

## Type of Permit Applying For:

\_\_\_\_ Wholesale Liquor Permit

\_\_\_\_ Wholesale Beer & Light Wine Permit

\_\_\_\_ Retail Liquor Off-Premises Permit

\_\_\_\_ Retail Beer & Light Wine Off-Premises Permit

\_\_\_\_ Retail Beer & Light Wine on Premises Permit

\_\_\_\_ Private Club Permit

\_\_\_\_ On-Premises Consumption

\_\_\_\_ Large Attendance Facility Permit

\_\_\_\_ Off-Premises Caterer Permit

\_\_\_\_ Satellite Catering Permit

\_\_\_\_ Liquor Manufacturing Permit

\_\_\_\_ Beer Manufacturing Permit

\_\_\_\_ Rectifying Permit

## Wholesale Liquor, Beer & Light Wine Hours of Operation

Monday Thru Thursday\_\_\_\_\_

Friday & Saturday\_\_\_\_\_

## Retail Liquor, Beer & Light Wine Off-Premises Hours of Operation

Monday Thru Thursday\_\_\_\_\_

Friday & Saturday\_\_\_\_\_

## Retail Beer & Light Wine On Premises Hours of Operation

Monday Thru Thursday\_\_\_\_\_

Friday & Saturday\_\_\_\_\_

## Private Club Hours of Operation

Monday Thru Thursday\_\_\_\_\_

Friday & Saturday\_\_\_\_\_

## On-Premises Consumption (Hotel, Motel, Restaurant) Hours of Operation

Monday Thru Thursday\_\_\_\_\_

Friday & Saturday\_\_\_\_\_

Number of Rooms for Hotel and Motel:\_\_\_\_\_

Seating Capacity for Restaurants:\_\_\_\_\_

## Large Attendance Facility Hours of Operation

Monday Thru Thursday\_\_\_\_\_

Friday & Saturday\_\_\_\_\_

Seating Capacity:\_\_\_\_\_

# PERMIT INFORMATION

## Arkansas Alcohol Beverage Control Permit

Permit Number: \_\_\_\_\_

Permit Type: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Permit Holder: \_\_\_\_\_

I hereby certify the above to be true and correct and state that I am operating a business in accordance with the city regulations and/or any other city, state, or federal laws which may be applicable. I understand that if I am found to be in violation of any of the city regulations and/or any other city laws, I may be subject to fines as outlined in any applicable City of Bryant Ordinance.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Code Enforcement Director or Designated Representative