

Fee Amount:	Office Use Only: paid: cash or check#	License #
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*City of Mountain Home
Office of the Administrative Clerk
720 S. Hickory Street
870-425-5943 fax # 870-425-9290
Mountain Home, Arkansas 72653*

ALCOHOL PERMIT APPLICATION **PLEASE PRINT**

Type of Alcohol Permit: _____

Federal Tax ID Number or Drivers License # _____

Business Name: _____

Business Contact: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone Number: _____

OWNER OF BUILDING/PREMISES ON WHICH BUSINESS IS LOCATED:

Name: _____

Address: _____ Phone: _____

PERSONS TO CONTACT AFTER BUSINESS HOURS IN CASE OF EMERGENCY:

Name: _____ Phone: _____

SIGNATURE OF OWNER/AGENT

DATE: _____

**A COPY OF YOUR ARKANSAS STATE ALCOHOL PERMIT
IS REQUIRED WITH THIS APPLICATION**