



## Alcohol Permit Application For Temporary Event

City of Benton, PO Box 607 Benton, AR 72018  
Ordinance 11 of 2020

*Please print or type:*

Business

Applicant

Name:	_____	_____
		(Must be person listed on State Permit)
Address:	_____	_____
City, State, Zip:	_____	_____
Phone:	_____	_____
Mailing Address:	_____	Date of Birth: _____
Email Address:	_____	Driver's License #: _____
Event Name and Date:	_____	
Event Location:	_____	

The below signed applicant states that all above information is true and accurate to the best of his or her knowledge and belief.

Applicant's Signature \_\_\_\_\_  
(Must be person listed on State Permit)

***\*ALL INFORMATION MUST BE FILLED OUT PRIOR TO THE PERMIT BEING PROCESSED.***

Permit fee – \$25 per serving station

# of serving stations \_\_\_\_\_  
Multiply by \$25

Total amount due \_\_\_\_\_

501-776-5908 or [cityclerk@bentonar.org](mailto:cityclerk@bentonar.org) for questions

**A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION**