



Alcohol Permit Application for Retail Liquor

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

Name of Business _____

Business Location _____

Mailing Address _____

Phone # of Business _____

List All Persons Owning or Holding an Interest in the Business (Attach supplement, if necessary)

Name	Address (#, Street, City, State, Zip)	Phone	Birth Date	Driver License

Owner of building in which business is located:

Name _____ Address _____ Phone _____

Applicant's Name _____ Title _____
(Must be person listed on State Permit)

Social Security # _____ Birth Date _____

Email Address _____

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 PERMIT BEING PROCESSED.***

Permit Fee is \$425

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION