

**APPLICATION FOR WHOLESALE LIQUOR PERMIT**  
**City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701**  
Regulated by Title XI, Chapter 111 of the City of Fayetteville Code of Ordinances

Please print or type the following:

Applicant

Business

Name: \_\_\_\_\_  
(Must be person listed on State Permit)

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

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Permit period** \_\_\_\_\_ **to** \_\_\_\_\_

**Permit fee (enclose check payable to City of Fayetteville)**                      \$500.00

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

Affidavit – The below signed wholesale dealer, after first being duly sworn, states that all above information is true and accurate to the best of his or her knowledge and belief.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Seal)

\_\_\_\_\_  
My commission expires

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

**APPLICATION FOR WHOLESALE BEER AND LIGHT WINE PERMIT**

**City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701**

Regulated by Title XI, Chapter 111 of the City of Fayetteville Code of Ordinances

Please print or type the following:

Applicant

Business

Name: \_\_\_\_\_  
(Must be person listed on State Permit)

\_\_\_\_\_

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

\_\_\_\_\_

Address 2: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Permit fee (enclose check payable to City of Fayetteville)**

**\$125.00**

**Required report of beer and light wine sales to each retailer within the City:**

\_\_\_\_\_ **Attached**

\_\_\_\_\_ **Furnished to City on** \_\_\_\_\_  
**(Date)**

Affidavit – The below signed wholesale dealer, after first being duly sworn, 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)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Seal)

\_\_\_\_\_  
My commission expires

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