



**APPLICATION FOR PRIVATE CLUB PERMIT**  
**MUST BE NON-PROFIT CORPORATION**  
On file at Arkansas Secretary of State's Office

**INSTRUCTIONS**

1. Answer all questions correctly and in full. **PLEASE PRINT IN INK OR TYPE.**  
**NOTE: FORMS MUST BE NOTARIZED.**

**APPLICATION MUST BE ACCOMPANIED BY CRIMINAL BACKGROUND  
INVESTIGATION RESULTS OF THE APPLICANT (FORMS AND INSTRUCTIONS ENCLOSED).**

2. Application fee is \$250 and must be paid to the Collections Department at City Hall.
3. Receipt of application fee payment must be submitted with the application.
4. Applicant must be a citizen of the United States or a permanent resident alien (must provide a copy of green card), and a resident of Arkansas.
5. The following additional materials must be submitted with your application:
  - a. A current list of names and addresses of all board members, and a signed "authority to release information form" from each board member.
  - b. The address where the business will be located. If the non-profit corporation does not own the property, a copy of the lease, option to lease, option to purchase, or buy-sell agreement in **favor of the non-profit corporation** must be attached.

MAIL OR DELIVER DIRECTLY TO:

**Chief of Police**  
**Jonesboro Police Department**  
**1001 S. Caraway Road**  
**Jonesboro, Arkansas 72401**

**CITY OF JONESBORO**

**APPLICATION FOR PRIVATE CLUB PERMIT**

We hereby make an application for a permit to serve alcoholic beverages on our premises to the club's adult members, members of their families over the age of 21, and duly qualified guests.

\_\_\_\_\_  
Non-Profit Corporation

\_\_\_\_\_  
FEIN #

APPLICANT ON BEHALF OF  
CLUB

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

HOME ADDRESS

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

BUSINESS NAME

\_\_\_\_\_

BUSINESS ADDRESS

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

Does the club own the premises? \_\_\_\_\_ If leased, give name and address of owner:

\_\_\_\_\_

Is your establishment primarily engaged in the business of serving food for consumption on the premises?

\_\_\_\_\_

If the answer to the above question is no, then what type of business will you be engaged in on the premises? Please list all activities to be offered.

\_\_\_\_\_

Does anyone now hold an alcoholic beverage permit at this location? \_\_\_\_\_ If so, give name, address and permit no(s).

\_\_\_\_\_

Give names and addresses of all officers/directors of the non-profit organization:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>

***Has any member of the club's board of directors or other governing body, or any club officer, been under the sentence, whether suspended or otherwise, of any court for the conviction of a felony within two (2) years preceding the date of this application? YES NO If yes, please explain -***

\_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant/Managing Agent

\_\_\_\_\_  
Official Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_:

## SCHEDULE A – INDIVIDUAL’S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
                             Street                              City                              Zip
3. Are you a person of good moral character and reputation in your community? \_\_\_\_\_
4. Are you a **(CITIZEN)** or **(PERMANENT RESIDENT ALIEN)** of the United States? **CIRCLE ONE**  
 Social Security No. \_\_\_\_\_ Green Card No. \_\_\_\_\_
5. Are you a resident of Craighead county? \_\_\_\_\_  
  
 If not, do you live within 35 miles of the premises to be permitted? \_\_\_\_\_
6. Have you ever been convicted of a felony? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If so, give full information  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? **YES** **NO** If so, give full information. \_\_\_\_\_  
 \_\_\_\_\_
8. Have you had any alcoholic beverage permit issued to you revoked within the five (5 ) years preceding this application? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If so, give full information \_\_\_\_\_  
 \_\_\_\_\_
9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? \_\_\_\_\_ If so, give name, place, and permit number(s)  
 \_\_\_\_\_
10. Have you applied and been refused a permit at the applied for location within the last 12 months? \_\_\_\_\_ If so, give full information \_\_\_\_\_  
 \_\_\_\_\_
11. Marital Status: Single ( )      Married ( )      Divorced ( )      Separated ( )      Other ( )
12. Furnish complete information regarding members of immediate family:

<u>Relationship</u>	<u>Full Name</u>	<u>Address</u>	<u>Occupation</u>


(a) Are any of the above to be connected with the operation of the outlet? \_\_\_\_\_

(b) If so, who and in what capacity? \_\_\_\_\_

13. Give your home address (city or town) and dates at each for the past five (5) years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Covering the past five (5) years, give in detail the following:

<u>Your Business or Occupation</u>	<u>Name &amp; Address of Employer</u>	<u>Dates of Employment</u>

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

\_\_\_\_\_  
 Applicant's Signature

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_:

# AUTHORITY TO RELEASE INFORMATION

Application filled by Applicant -A, Stockholder/Partner - S : \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I understand that the City of Jonesboro will conduct an investigation before a final decision this alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the City of Jonesboro.

\_\_\_\_\_  
Signature – Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Contact Phone Business Phone

\_\_\_\_\_  
Email Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_:

## IMPORTANT INFORMATION AND INSTRUCTIONS

### REGARDING A CRIMINAL BACKGROUND CHECK

1. Alcoholic Beverage Control laws and regulations prohibit the issuance of a permit to a person who has been convicted of a felony. This law also applies to partners, stockholders (persons who own more than 5% of the stock in a corporation) or members of an LLC who own more than 5% interest.
2. Attached is a criminal background application which must be completed and submitted to the Arkansas State Police. They will return the Arkansas background check results to you; ***the original document must accompany the City of Jonesboro application.*** If this report indicates you (partner, stockholder or member of LLC, if applicable) are not a convicted felon, your application will be eligible for consideration by the city. Amount of \$25.00 (check or money order) is due at time of submission to Arkansas State Police.

**A SELF ADDRESSED, STAMPED ENVELOPE MUST BE ENCLOSED WITH SUBMISSION OF THE ABOVE.**

4. If you wish to complete this process in person, go to the Arkansas State Police Headquarters. You will be required to show a state issued photo ID or driver's license. Payment must be by check or money order made payable to Arkansas State Police.

Background investigation questions; call Arkansas State Police at  
501 618 8500.

**MAIL TO:**        **Arkansas State Police**  
                      **ATTN: Identification Bureau**  
                      **#1 State Police Plaza**  
                      **Little Rock, Arkansas 72209**

**Application for Criminal History Check  
for Alcoholic Beverage Permit  
A.C.A 3-2-103  
(See other side for instructions)**

Full Name: \_\_\_\_\_  
**Last Name**
**First Name**
**Middle Name**

\_\_\_\_\_

All other names ever used (married names, maiden, shortened, etc)

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Month / Day / Year)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 State

Mailing Address: \_\_\_\_\_  
Street
City
State
ZIP

Day Time Phone: \_\_\_\_\_

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND  
RELEASE ANY RESULTS TO THE FOLLOWING PERSON AND / OR ENTITY :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Name of Agency

Mailing Address: \_\_\_\_\_  
Street
City
State
ZIP

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (First / MI / Last Name) (Month / Day / Year)

**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_: