



**APPLICATION FOR CITY OF JOHNSON
RETAIL BEER, WINE and LIQUOR PERMIT**

City of Johnson, PO Box 563, Johnson, AR 72741

Type of Permit: _____ *On Premise Consumption* _____ *Off Premise Consumption.*

Name of Business _____ Phone _____

Type of Business _____

Business Location _____

Mailing Address _____

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

Name	Address (#, Street, City, State, Zip)	Phone	Birth Date	Drivers License
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ATTACH A COPY OF CURRENT STATE PERMIT AND SUPPLY THE FOLLOWING INFORMATION

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

Attached is check # _____ to cover said annual permit fee. Amount **\$150.00**

If this is a new establishment, I do hereby swear and affirm that the location of the business for which this permit is sought is not within 200 yards of any church or school building, if said business is a retail establishment for the sale of alcoholic beverages for consumption off the premises; or is not within 300 feet of any church or school building for any other business for which a City of Johnson alcoholic beverage permit is required.

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

Applicant's signature _____

(Must be person listed on State Permit)