

APPLICATION FOR WHOLESALE LIQUOR PERMIT
City of Malvern Permit Office, 712 West Moline St., Malvern, AR 72104
Regulated by Ordinance No. 2023-04 Adopted February 13, 2023

Please print or type the following:

Business

Applicant

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

Permit period _____ to _____

ANNUAL PERMITS RENEWAL DUE JUNE 30TH EACH YEAR FOR SUCCEEDING YEAR

- Annual permit fee \$500.00
- New Annual permit fee issued between January 1- June 30 \$250.00

TOTAL DUE AND PAYABLE: \$ _____

I declare under penalty of perjury that all above information is true and accurate to the best of his or her knowledge and belief.

Applicant's signature _____ Date: _____
(Must be person listed on State Permit)

*** ALL INFORMATION MUST BE FILLED OUT BEFORE APPLICATION WILL BE PROCESSED.**

REMIT PAYABLE TO: ATTN: PERMITS
CITY OF MALVERN
712 WEST MOLINE STREET
MALVERN, AR 72104

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION