Alcohol Permit Appplication
for On-Premises Consumption
HOTEL, MOTEL OR RESTAURANT
City of Rockport, P.O. Box 442, Malvern, AR 72104
Ordinance 2023-2

Type of On-Premises Consumption Permit: ____ Hotel/Motel ____ Restaurant

Please print or type the following:	Business	Applicant
Name:	_____	_____ (must be person listed on state permit)
Address:	_____	_____
City, State, ZIP:	_____	_____
Phone:	_____	_____
Mailing address:	_____	_____
Email Address:	_____	_____

The below signed applicant states that all above information is true and accurate to the best of his/her knowledge and belief.

Appplicant's Signature _____
(must be person listed on state permit)

ALL INFORMATION MUST BE FILLED OUT PRIOR TO THE APPLICATION BEING PROCESSED.

Permit fee - Hotel or Motel (enclosed check payable to City of Rockport)
Capacity of fewer than one hundred (100) rooms is $500.00 **$_____**
Capacity of one hundred (100) rooms or more is $1,000.00 **$_____**
Capacity: _____ **Amount Due: $_____**

Permit fee - Restaurant (enclose check payable to City of Rockport)
Seating Capacity of less than one hundred (100) is $500.00 **$_____**
Seating capacity of one hundred (100) or more is $1,000.00 **$_____**
Seating Capacity: _____ **Amount Due: $_____**

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION