

APPLICATION FOR CITY OF SILOAM SPRINGS SPECIAL EVENT ALCOHOL PERMIT

City of Siloam Springs, PO Box 80/410 N. Broadway, Siloam Springs, AR 72761

Regulated by Chapter 6 of the City of Siloam Springs Code of Ordinances

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

Type of Permit: _____ On-premises private Consumption

PLEASE SUBMIT A SKETCH OF THE FLOOR PLAN AND ANY OTHER PREMISES WHERE CONTROLLED BEVERAGES WILL BE SERVED.

Please print or type the following:

Applicant

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Mailing Address: _____

Date of Birth: _____

Driver's License #: _____

Type of event: _____

Address where the event is taking place:

119 B South Broadway, Siloam AR 72761

Applicant must submit the completed application and proof of age in the form of a current state issued identification card.

If submitting the application via e-mail, applicant must have the application sheet notarized and provide a notarized copy of their current state issued identification.

Type of event:

Date of event:

wedding

Owner of building in which business is located:

Name Heather Lanker

Address 120 Maxwell, Siloam AR 72761

Phone 479-238-3376

Heather Lanker
Signature of building owner

Date: 4-1-19

Permit fee:

\$ 25.00

Conditions:

1. Application must be made no less than 15 days in advance.
2. Permit shall be good for the hours of 10:00 a.m. to midnight for one 24-hour period designated by the applicant.
3. Permit shall not authorize dispensing of any controlled beverages on city property, or any other location prohibited by law, including within applicable distances from church or school buildings.
4. No person or entity may obtain more than six (6) special event alcohol permits during any given calendar year.
5. The city reserves the right to deny any request for a special event alcohol permit if, in the opinion of the city administrator, fire chief, chief of police or any public health official, such permit would be detrimental to public health, safety or welfare.

The below signed applicant affirms that the location of the business for which this permit is sought is not within 200 feet of any church or school building (unless the business is located in the H-1DT (Historic Downtown) Overlay District, nor to not-for-profit special events on church or school property, not to exceed four (4) such not-for-profit special events per property per year; that he/she is 21 years of age or older, and states that all of the above information is true and accurate to the best of his/her belief and knowledge. The below signed applicant also acknowledges that any permit issued under this application shall not be deemed a property or vested right and said permit may be revoked at any time pursuant to law. Upon change of ownership, the permitted, or new owner may file notice to that effect in writing with the City on forms to be provided by the City for that purpose.

Applicant's signature _____

City Use Only:

Planning Department

Police Department:

☐ Zoning ☐ Distance

1 HOUR WALL - 1 LAYER OF TYPE 'X'
GYPSUM BOARD - EXTEND TO DECK

OPEN TO BELOW

CEILING FAN

PACKAGE UNIT ON ROOF

SOUND CTL

S-107
118 sq ft

BUSINESS
OCCUPANT LOAD
99/200 = 1

COUNTERTOP

42" WALL

8'-5 1/2"

14'-3"

OPEN TO BELOW

CEILING FAN

PACKAGE UNIT ON ROOF

TWO HOUR DOOR

2 HOUR WALL - 2 LAYERS OF
TYPE 'X' GYPSUM BOARD -
EXTEND TO DECK

MEZZANINE

S-108
557 sq ft

ASSEMBLY - TABLES/CHAIRS
OCCUPANT LOAD 556/115 = 37

MECH.

4-104
9 sq ft

MECH.

3-111
9 sq ft

CENTER WALL
ON BRICK

2 HOUR WALL - 2 LAYERS OF TYPE 'X'
GYPSUM BOARD - EXTEND TO DECK

200 WALL

ON



RELEASE

The undersigned hereby authorize the release of the results of a local criminal background check, conducted by the Siloam Springs Police Department, to the City Administrator or his designee. Background check results shall be used solely in determining the suitability of the applicant (or in the case of a co-partnership, its members) for an alcohol-related permit. Background check results will not otherwise be released except to the subject upon request, or as required by law.

Sign Name: _____
Print Name: _____

Date: _____

Sign Name: _____
Print Name: _____

Date: _____

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Print Name: _____

Date: _____

Sign Name: _____
Print Name: _____

Date: _____

Sign Name: _____
Print Name: _____

Date: _____

(Please add supplemental sheet if necessary)