

**STATE OF ARKANSAS**  
**ALCOHOLIC BEVERAGE CONTROL DIVISION**  
**APPLICATION FOR WINE SHIPPING PERMIT**  
[Act 483 of 2013]

ABCD Permit No. \_\_\_\_\_  
(To be completed by agency)

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Mailing Address if Different from Above

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

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

[Verification by company officer on reverse of this form]

VERIFICATION

I, \_\_\_\_\_, am an officer of the above company, and I do hereby verify that the information shown on the first page of this form is true and correct to the best of my knowledge. I understand my company is bound by applicable provisions of Act 483 of 2013 and any ABC regulations that may apply to my company.

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Title

STATE OF \_\_\_\_\_

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

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

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

My Commission Expires:

\_\_\_\_\_

RETURN FORM WITH FEE ATTACHED TO:

Alcoholic Beverage Control Division  
101 East Capitol, Suite 401  
Little Rock, Arkansas 72201-3953

CONTACT PERSON INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_

(REVISED 04-27-2021)