

**INSTRUCTIONS FOR FILING A PETITION
FOR CREATION OF TEMPORARY
ENTERTAINMENT DISTRICT**

1. The applicant or an authorized agent of the applicant shall appear at the Department of Planning and Development, 723 West Markham Street, Little Rock, Arkansas to file the completed application forms and required documentation.
2. The applicant shall submit as part of his application three (3) hardcopies (24" X 36") or one DWG, DF, PDF (or other approved format), of the area of the district.
3. The applicant shall submit as part of his application three (3) hardcopies (24" X 36") or one DWG, DF, PDF (or other approved format), of the approved containers and wristbands for the district.
4. The payment of a filing fee in the amount of \$25 is required at the time of filing.
5. The applicant shall submit as part of the filing a cover letter outlining the proposal and stating the reasons for the proposed District.

PETITION FOR CREATION OF A TEMPORARY ENTERTAINMENT DISTRICT

A petition is hereby submitted to the Board of Directors of the City of Little Rock, Arkansas through the Little Rock Planning Department, requesting the creation of an Entertainment District.

Applicants Information:

Name: _____

Telephone Number: _____ email: _____

Applicant physical address: _____

District Name: _____

Date(s) of Event/Hours of Operation

Purpose/objective of the District:

Location/Boundary Description:

Attach drawings or exemplars depicting the proposed District approved containers and identification wristbands to be used by all Arkansas Alcoholic Beverage Control permittees in the Entertainment District. Number of each to be provided _____

Name and Physical Address of **ALL** Arkansas Alcoholic Beverage Control permittees who will receive and utilize District approved containers, wristbands or both:

Five (5) on-premises consumption establishments adjacent to ‘District’:

Name: _____
Contact: _____
Address: _____
Telephone Number: _____
Email: _____

Name: _____
Contact: _____
Address: _____
Telephone Number: _____
Email: _____

Name: _____
Contact: _____
Address: _____
Telephone Number: _____
Email: _____

Name: _____
Contact: _____
Address: _____
Telephone Number: _____
Email: _____

Name: _____
Contact: _____
Address: _____
Telephone Number: _____
Email: _____

DO NOT FILL IN (FOR STAFF USE ONLY)

CASE FILE: ED _____

APPLICATION APPROVED/ DENIED:

BOARD OF DIRECTORS APPROVED: _____

RESOLUTION NO.: _____