EST. 1859

CRAWFORDSVILLE

ARKANSAS

BUSINESS PRIVILEGE LICENSE APPLICATION

Annual License Fee - $25.00

BUSINESS & CONTACT INFORMATION

DATE:

NAME OF BUSINESS:

BUSINESS / PHYSICAL ADDRESS:

CITY, STATE, ZIP:

BILLING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE: **FAX #:**

CONTACT PERSON:

E-MAIL ADDRESS:

OWNER & BUSINESS INFORMATION

NAME OF OWNER:

SALES TAX ID NUMBER:

TYPE OF BUSINESS:

PROPERTY OWNER PERMISSION REQUIRED

You must have permission from the property owner to establish or operate the business on their property.

DESCRIPTION OF PRODUCTS SOLD OR SERVICES OFFERED:

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge, the information provided in this application is true and accurate:

APPLICANT / OWNER SIGNATURE: **DATE:**