



BUSINESS LICENSE APPLICATION

P.O. Box 80 • 400 North Broadway • Siloam Springs, AR 72761
Phone 479-524-5136 Fax 479-524-3097

NAME OF BUSINESS: _____ DATE OF APPLICATION: _____

OWNER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

BUILDING OWNER: _____ PHONE NUMBER: _____

TYPE OF BUSINESS/SERVICES OFFERED: _____

PHYSICAL LOCATION: _____

LOCAL PHONE NUMBER: _____ BILLING PHONE NUMBER: _____

BILLING ADDRESS: _____
STREET/BOX NO. CITY STATE ZIP

LOCAL 24 HOUR EMERGENCY CONTACT: 1. _____
NAME PHONE NO.

2. _____
NAME PHONE NO.

NO. OF EMPLOYEES (INCLUDES OWNERS/MANAGERS): _____

NEW _____ RENEWAL _____ TRANSFER: OWNERSHIP _____ OR LOCATION _____

SOLE OWNER _____ PARTNERSHIP _____ LIMITED PARTNERSHIP _____

TYPE OF BUILDING: NEW _____ EXISTING/REMODEL _____

CORPORATION _____ LIMITED LIABILITY CORP. _____ TAX ID # _____

SIGNATURE OF PERSON FILING APPLICATION PRINTED NAME

WILL BUILDING PERMIT BE REQUIRED: YES _____ NO _____ SIGN PERMIT REQUIRED: YES _____ NO _____

ZONING DISTRICT: _____

WILL THIS APPLICATION NEED TO BE APPEALED TO THE BOARD OF APPEAL/PLANNING COMMISSION? YES _____ NO _____

BUILDING OFFICIAL CITY CLERK CITY PLANNER

WATER/WASTEWATER FIRE DEPARTMENT