

Siloam Springs Business License Application

New Businesses or Transfer

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

Phone 479-373-1811

**Please complete application in its entirety **

Check all that apply

- New Transfer Ownership Transfer Location
 Commercial Business Home Occupation Mobile Food Vendor Peddler/Solicitor

Name of Business:		Date of Application:	
Physical Address:		Business Phone:	
Mailing Address:	<input type="checkbox"/> Check if same as above		
Services Offered:		Number of Employees:	
Business Owner Name:		Business Owner Primary Phone:	
Preferred method of communication: ___ Email ___ Phone			
Preferred license delivery method: ___ Email ___ In person ___ Mail			
Please provide e-mail below			
Primary Email:			
Local 24 Hour Emergency Contact Information (Must provide 1 contact other than the business and building owner)	Name		Phone
Building Information	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Remodel planned Notify Fire Marshal when ready to be inspected.	Building Previously Used As/Known as:	
Building Owner Name:		Building Owner Phone #:	

Signature of Applicant

Printed Name of Applicant