

OFFICE USE ONLY
BUSINESS NUMBER: _____
LICENSE NUMBER: _____
DATE: _____

BUSINESS LICENSE RENEWAL APPLICATION
CITY OF FARMINGTON
P.O. Box 150, Farmington, AR. 72730

Out of Business Currently in Business

Business Name: _____

Location Address: _____

City _____ State _____ Zip _____

Owners Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Corporate Office Phone: _____

Business Phone: _____ (local number)

Email: _____

State Sales Tax #: _____

Information for Police and Fire Dept.

Emergency Contact: _____

Emergency Phone: _____

Signature of Applicant

Total Due for License Renewal is \$25.00