

Total Due for License \$50.00

BUSINESS NUMBER: _____

LICENSE NUMBER: _____

DATE: _____

NEW BUSINESS LICENSE APPLICATION**CITY OF FARMINGTON**

P.O. Box 150, Farmington, AR 72730

Dear Business Owner:

Please fill out the following information to apply for a business license. Your application will be given to the City Business Manager for review.

Business Name: _____**Location Address:** _____**City** _____ **State** _____ **Zip** _____**Owners Name:** _____**Mailing Address:** _____**City** _____ **State** _____ **Zip** _____**Business Phone:** _____ (local number)**Email:** _____**State Sales Tax #:** _____**Information for Police and Fire Dept.****Emergency Contact:** _____**Emergency Phone:** _____

Include information about your business:

Signature of Applicant_____
Signature of City Business Manager_____
Date