OFFICE USE ONLY

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 complete the following information to apply for a business license. All commercial businesses must be inspected by the City Building Inspector and the Fire Chief. Once your business has passed both inspections, your application will be forwarded 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:_____

Inspection Sign off:

Building Official Rick Bramall _____

Fire Chief Bill Hellard _____

_____

Signature of Applicant

_____ _____

Signature of City Business Manager **Date**

Farmington Police Department
After-Hour Contact Information

The following information could be beneficial to the Farmington Police Department in the event of an emergency at your business, such as a burglary, fire, or vandalism. Please complete this form and return it to City Hall.

If you have any questions or need assistance completing the form please call 479-267-3411.

Business Name: _____

Address: _____

Mailing Address: _____

Business Phone #: _____

Email Address #: _____

Manager/Owner: _____ Primary Contact (Yes) (No)

Home Address: _____

Phone #: _____ Cell Phone #: _____

Business Property Leased? (Yes) (No)

Property Owner: _____

Address: _____

Phone #: _____ Cell Phone#: _____

In addition to the manager, please list at least two other employees or persons whom we can contact in the event of an emergency. The persons listed should have access (keys) to the building and the alarm system (alarm reset code). Please list the contact persons in the order you would like them contacted.

(1) Name: _____

Home Phone#: _____ Cell Phone #: _____

(2) Name: _____

Home Phone#: _____ Cell Phone #: _____

(3) Name: _____

Home Phone#: _____ Cell Phone #: _____