	OFFICE USE ONLY
BUSINESS NUMBER:_	
LICENSE NUMBER:	

NEW BUSINESS LICENSE APPLICATION CITY OF FARMINGTON

P.O. Box 150, Farmington, AR 72730

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Please fill out the following information to apply for a business license. Your application will be given to the City Business Manager for review. You will either be sent a business license or your application fee will be returned within 2 weeks.

Business Name:			
Location Address:			
City	State	Zip	
Owners Name:			
Mailing Address:			
City	State	Zip	
Business Phone:	(local number)		
Email:			
State Sales Tax #:			
	Information for Polic	e and Fire Dept.	
Emergency Contact:			
Emergency Phone:			
Signature of Applicant			
	Total Due for Lic	<mark>ense \$50.00</mark>	
Signature of City Business 1	 Manager		

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 yo	u have any questions or ne	ed assistance completing the form please call 479-267-3411.	
Busi	ness Name:		
Add	ress:		
Mail	ling Address:		
Busi	ness Phone #:		
Man	ager/Owner:	Primary Contact (Yes) (No)	
Hom	ne Address:		
Phor	ne #:	Cell Phone #:	
Add	ress:		
		Cell Phone#:	
the e	event of an emergency. The em (alarm reset code). Plea	ase list at least two other employees or persons whom we can de persons listed should have access (keys) to the building and the list the contact persons in the order you would like them co	the al
	Home Phone#:	Cell Phone #:	
(2)	Name:		
	Home Phone#:	Cell Phone #:	
(3)	Name:		
	Home Phone#:	Cell Phone #:	