

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

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 with business license renewal:**

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

Business Name: _____

Address: _____

Mailing Address: _____

Business Phone #: _____

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 #: _____