

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. 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)

**State Sales Tax #:** \_\_\_\_\_

**Information for Police and Fire Dept.**

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**Total Due for License \$50.00**

\_\_\_\_\_  
**Signature of City Business 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 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 #: \_\_\_\_\_