

BUSINESS NUMBER: _____ **OFFICE USE ONLY**
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: _____

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 #:** _____