

OFFICE USE ONLY  
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)

**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**