



Business Permit Application

Date _____

SS or Tax ID _____

Business Name _____

Owner Name _____

Woman Owned

Veteran Owned

Minority Owned

Business Physical Address _____

Business Mailing Address _____

Applicant Name, if different from owner _____

Number of Employees _____

Business Phone _____

Alternate Phone _____

Fax Number _____

Property Owner or Manager Name _____

Property Owner or Manager Phone _____

Previous Last Use of Structure *(Must be completed)* _____

Description of Major Products Sold or Services Offered (Check all that apply:)

Food Service/State Health Dept.

Other

Pawn Shop

Flea Market Indoor

If other, write a
brief description

Flea Market Outdoor

Business Handling Hazardous Materials

Sexual Oriented Business

Child Care Service*** (Requires OHS approval and separate Board Approval application)

A fire inspection shall be made prior to opening for business. For an appointment, please contact the Fire Chief at (479) 452-1826

Emergency Contact Name _____

Emergency Contact Number _____

Date _____

Applicant or Owner Signature