



479-452-1550

P.O. Box 23039 Barling, Arkansas 72923-0039

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 _____ Fax _____

E-mail Address _____ Alternate Phone _____

Property Owner Name & Number _____

Previous Last Use of Structure (must have) _____

Description of Major Products Sold or Services Offered

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

Check all that apply:

- _____ Food Service / State Health Dept Certificate
- _____ Pawn Shop
- _____ Child Care Service / Requires DHS Approval and separate Board Approval Application
- _____ Flea Market Indoor _____ Outdoor _____
- _____ Auto Repair
- _____ Used Car Sales
- _____ Retail Sales
- _____ Business Handling Hazardous Materials
- _____ Sexual Oriented Business
- _____ Other _____

Applicant / Owner Signature _____ Date _____

Emergency Contact Name/Number _____

THIS PAGE FOR OFFICE USE ONLY

Conditional Use _____ Home Occupation _____ Temporary or Seasonal _____
Application # _____ Application # _____ Application # _____
Date Approved _____ Date Approved _____ Date Approved _____

Restrictions/Conditions: All Signs Including Wall Signs & Portable Signs Require Permits

Zoning Classification _____

Public Works Director Signature & Date _____

Building Department:

Occupancy Classification _____ Date Approved _____

Public Works Director Approval _____ Date _____

Fire Department:

Date Life Safety Permit Approved _____

Fire Chief Approval _____ Date _____

Police Department:

_____ Auto Related Business

Police Chief Approval _____ Date _____

NOTICE:

The Public Works Director, Fire Chief & Police Chief must approve prior to issuance of the Business License Registration by the City Clerk.