

# Town of Beaver, Arkansas

P. O. Box 15

Beaver, Arkansas 72613

## Application for General Business License

Please note: Any misrepresentation or falsification of the information sought below may result in revocation of the License as granted.

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Type of Business \_\_\_\_\_

Federal Tax ID# (or Social Security #) \_\_\_\_\_

ZONE: \_\_\_\_\_

Number of Parking Spaces \_\_\_\_\_

Lodging Facilities-Number of sleeping rooms/units \_\_\_\_\_

**It is agreed that authorized inspections will be allowed as prescribed by ordinance.**

I CERTIFY THAT NO BUSINESS OTHER THAN THAT LISTED ABOVE WILL BE CONDUCTED AT THE ABOVE BUSINESS ADDRESS, OR THAT I HAVE OBTAINED OR WILL OBTAIN A SEPARATE LICENSE FOR ANY SUCH ADDITIONAL BUSINESS.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_