

TOWN OF BEAVER, ARKANSAS

P.O. Box 15
Beaver, AR 72613

townofbeaverarkansas@gmail.com

Application for Nightly Rental Business License

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

Legal Name of Business: _____

Business Physical Address: _____

Business Phone: _____

Email: _____

Name of Owner (s): _____

Mailing Address of Owner: _____

Type of Business: _____

Federal Tax ID # (or Social Security #): _____

Number of off-street Parking Spaces: _____

Number of units/sleeping rooms: _____

ALL NIGHTLY RENTAL BUSINESSES MUST COMPLY WITH NIGHTLY RENTAL ORDINANCE WHICH STATES "OWNER OCCUPIED", OR BE ZONED C-1 R-1.

Please contact the Town of Beaver or Tax Assessors Office to get the correct Zoning of the property.

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: _____

PLEASE EMAIL THE TOWN OF BEAVER WITH ANY QUESTIONS