

City of Rector  
118 E 4<sup>th</sup> Street  
Rector, Arkansas 72461  
Phone 870-595-3035 / cityofrector@gmail.com

## Occupation License Application

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

Is this a home occupation business? ☐ Yes ☐ No

Owner/Manager Name: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address: ☐ Same ☐ Other: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Arkansas Sales Tax Number: \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Application Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

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\_\_\_\_\_  
Code Enforcement Officer, Todd Watson

☐ Approved ☐ Not Approved

Fee \$ \_\_\_\_\_ Date Approved \_\_\_\_\_