



## APPLICATION FOR CITY BUSINESS LICENSE

This application must be fully completed and signed, or it will not be accepted. Business may not be conducted within the city limits until a license is issued

704 W. Commerce Street  
Horseshoe Bend, AR 72512  
(870) 670-5113

*Print/or type*

<b>Business</b>	Business Name		Business Owner	
	Business Address		City, State, Zip	
<b>App Date</b>	Business Phone	Fax	E-mail	
	Type of Business <input type="checkbox"/> Home Occupation <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Tavern <input type="checkbox"/> Entertainment <input type="checkbox"/> Contractor <input type="checkbox"/> Sub Contractor <input type="checkbox"/> Lawn Care <input type="checkbox"/> Sales <input type="checkbox"/> Service Station <input type="checkbox"/> Health Care <input type="checkbox"/> Bank <input type="checkbox"/> Handyman <input type="checkbox"/> Other _____			
<b>License NO</b>	Business Description			
	Contractor License Number		Bond Number	Handle Toxic/Hazardous Wastes <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>License Fee</b>	Manager		Manager Phone Number	Manager Address
	Number Employees		State Sales Tax ID#	Federal ID#
<b>Receipt #</b>				

<b>OWNER</b>	Business Owner Residence/City, State, Zip		
			Business Owner DOB
<b>PD (INIT/DATE)</b>	Business Owner Home Phone Number	Business Owner DL#	Business Owner SSN#
	Emergency Contact Person (other than owner)		Contact Person Phone Number

- ☐ Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Criminal Laws? If yes, please list all dates and locations of the offenses and disposition of charges.  
\_\_\_\_\_
- ☐ Have you the applicant, or anyone having any ownership of this business been convicted of any violations of city, local or state ordinances or resolution regulating any business? If yes, please list all dates and locations of the offenses and disposition of charges.  
\_\_\_\_\_
- ☐ Are you currently delinquent in payment of any taxes or fees to any state or local government? If yes, please indicate the type of tax or fee, the amount due with the reason the tax is delinquent.  
\_\_\_\_\_

☐ I, \_\_\_\_\_, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/or revocation of the license. I understand that all signs displayed must be permitted and approved by the permit committee. I further understand that my business must be operated in compliance with all applicable state, federal, and local laws, ordinances, & regulations. The granting of this business license does not waive the right of any federal, state, local entity to regulate & enforce all laws, ordinances, & regulations.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Signature of Applicant \_\_\_\_\_

Note: Business Licenses expires on the 31<sup>st</sup> of December of each year. Renewal of Business License due by the 1<sup>st</sup><sup>th</sup> day of January each year, the penalty for failure to renew within 30 days from the due date will be charged twice the amount of the Business License fee.