



Office of the Permitting Department
720 S Hickory St
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Office Manager
Jeannie Anderson

APPLICATION FOR BUSINESS LICENSE

For Office Use only:

Amount: _____ **Cash, Ck#** _____, **CC#** _____ **Account Number:** _____

Legal name of business: _____

DBA: _____

Federal Tax ID Number or Social Security Number(indicate which)# _____

Email Address: _____

Type of business: _____

Physical address of business: _____

City _____ **State** _____ **Zip** _____

Mailing address of business: _____

City _____ **State** _____ **Zip** _____

Business Phone #: _____

Owners name: _____ **Owners phone #:** _____

Emergency contact person: _____ **Emergency #:** _____

If applicable:

Alarm Company used: _____

Restaurants – Number of seats: _____ **Motel/Hotel** – Number of rooms: _____

Manufacturers –number of employees: _____

Barber/Beauty shops – number of operators: _____

Contractors- number of employees: _____ **State License Number** _____

Gas Pumps- Number of pumps: _____

To the best of my knowledge the information provided is true and accurate.

Signed: _____ **Date:** _____