

Office Use Only:		
Fee Amount: _____	paid: cash, credit card or check# _____	License # _____

City of Mountain Home  
Office of the Permitting Department **JEANNIE ANDERSON**  
*Office Manager*

720 S. Hickory Street  
870-425-2550 fax # 870-425-0477  
Mountain Home, Arkansas 72653

**OCCUPATION LICENSE APPLICATION** **PLEASE PRINT**

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

Business Phone Number(s): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Federal Tax ID Number or Drivers License (indicate which) # \_\_\_\_\_

Do you have a business license in another Arkansas city? YES NO circle one

\_\_\_\_ INDIVIDUAL \_\_\_\_ CORPORATION \_\_\_\_ PARTNERSHIP

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

Business Contact Person: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

IF RETAIL; Inventory amount: \_\_\_\_\_

IF CONTRACTOR; # OF EMPLOYEES: \_\_\_\_\_

**OWNER OF BUILDING/PREMISES ON WHICH BUSINESS IS LOCATED:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONS TO CONTACT AFTER BUSINESS HOURS IN CASE OF EMERGENCY (not business contact person):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

DATE: \_\_\_\_\_