

Office Use Only:
License# _____
Expires: _____
Amt. Paid: _____

City of Mountain Home
Building Inspection Department
870-425-2550
2903 Highway 201 North
Mountain Home, AR 72653

Thirty (30) Day Sales Permit Application

Sales Tax Number: _____

Name: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Social Security or Tax Payer I.D. Number: _____

Fixed Location Address: _____
(must have and display property owner's written permission)

Name of Company Represented: _____

Headquarters Office Address: _____

Supervisor/Manager Name: _____

Phone: _____

Items offered for sale: _____

PERMIT FEE: \$50.00

APPLICANT SIGNATURE

Date: _____