

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

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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: _____