

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

*City of Mountain Home*  
*Office of the Administrative Secretary*  
*720 S. Hickory Street*  
*870-425-5943 fax # 870-425-9290*  
*Mountain Home, Arkansas 72653*

<b>OCCUPATION LICENSE APPLICATION</b>	<b>PLEASE PRINT</b>
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Type of Business: \_\_\_\_\_

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

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: \_\_\_\_\_