



DATE RECEIVED: _____
AMOUNT PAID: _____

CITY OF GARFIELD
14655 S. WIMPY JONES RD
GARFIELD, AR 72732
APPLICATION FOR BUSINESS LICENSE

*DATE OF APPLICATION: _____

*NAME OF BUSINESS: _____

*OWNER: _____ *MANAGER: _____

*SCOPE OF BUSINESS: _____

*LOCATION: _____

*CITY/STATE/ZIP: _____

*LOCAL PHONE NUMBER: _____ *BILLING PHONE: _____

*BILLING ADDRESS: _____

*CITY/STATE/ZIP: _____

*NUMBER OF EMPLOYEES: _____ EMAIL: _____

*ARE YOU REQUIRED TO COLLECT ARKANSAS SALES TAX? ___ YES ___ NO
(If yes, please attach a copy of your Arkansas sales tax permit to this application)

*ARE YOU REQUIRED TO HAVE HEALTH DEPARTMENT INSPECTIONS? ___ YES ___ NO
(If yes, please attach a copy of your latest Health Department inspection)

*DO YOU SELL 5 OR MORE USED CARS PER YEAR? ___ YES ___ NO
(If yes, please attach a copy of your Arkansas Used Motor Vehicle Dealer license)

DETAILS OF BUSINESS ACTIVITIES: _____

IS PHYSICAL LOCATION OF BUSINESS WITHIN COMMERCIAL ZONING AREA? ___ YES ___ NO

(if yes, application approval by Garfield Planning Commission is required for FIRST TIME applicants)

_____ **APPROVED** _____ **DISAPPROVED**

GARFIELD PLANNING COMMISSION

_____ **DATE** _____

CITY CODE ENFORCEMENT OFFICER

_____ **APPROVED** _____ **DISAPPROVED**

*SIGNATURE PERSON FILING APPLICATION

*TITLE

***MUST BE COMPLETED**

DUE BY: January 2, 2026

Failure to submit this application with payment in the amount of Fifty dollars (\$50) will result in the assessment of a penalty of Twenty-Five Dollars (\$25) for EACH thirty (30) day period during which the business operates without a City Business license.