** CITY OF GARFIELD**

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

AMOUNT PAID: \_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**IS PHYSICAL LOCATION OF BUSINESS WITHIN COMMERCIAL ZONING AREA? \_\_\_YES \_\_\_ NO**

**(if yes, application approval by Garfield Planning Commission is required)**

**\_\_\_\_\_\_\_\_\_\_\_APPROVED \_\_\_\_\_\_\_\_\_\_ DISAPPROVED**

**GARFIELD PLANNING COMMISSION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY CODE ENFORCEMENT OFFICER**

**\_\_\_\_\_\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_\_\_\_\_ DISAPPROVED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*SIGNATURE PERSON FILING APPLICATION \*TITLE

\*MUST BE COMPLETED

DUE BY: January 2, 2024

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.

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