

Siloam Springs Business License Application

PO Box 80 / 400 N Broadway, Siloam Springs, AR 72761

Phone 479-524-5136 / Fax 479-524-3097

**ALL FIELDS REQUIRED - INCOMPLETE APPLICATIONS Will be returned without review **

****If submitting for Renewal - A Copy of Your Sales and Use Tax Permit Must be Attached ****

Commercial Business **Home Occupation** **Mobile Vendor**

*I have read and agree to all terms of attached letter and/or Home Occupation License conditions(New Applicants ONLY) _____ Initial

Name of Business:		Date of Application:	
Business Physical Address:	<input type="checkbox"/> Check if Change of Address (Street Address)	Business Phone:	

Business / Services to Offer:			
Business Billing Address:	<input type="checkbox"/> Check if same <input type="checkbox"/> Check if Change of Address		
Street/Box	City	State	Zip

Business Owner Name:		Business Owner Primary Phone:	
Business Owners Primary Email:			
<input type="checkbox"/> YES – Please correspond with me on matters related to this application or my licenses by email when possible.			

Local 24 Hour Emergency Contact Information (MUST provide two contacts other than the Business Owner)	1.		
	Name	Phone	
	2.	Name	Phone

Building Information	<input type="checkbox"/> New needed <input type="checkbox"/> Existing <input type="checkbox"/> Remodel planned / <input type="checkbox"/> Cleaning / Customizing Only	Building Previously Used As:	
Building Owner Name:		Building Owner Phone #:	

Business Legal Information (check all that apply):	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Transfer Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Transfer Location <input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Sole Owner
Number of Employees Including Owner / Manager:			

Signature of Applicant

Printed Name of Applicant

***** ADMINISTRATIVE USE BELOW *****

Zoning District for Site:		By:
Building Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Notified Date:	By:
Sign Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Notified Date:	By:
RPZ / Grease Trap Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Notified Date:	By:
Business License Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No Special Conditions	<input type="checkbox"/> None
Building Official	City Planner	Water / Wastewater
		Fire Marshal