

Siloam Springs Business License Renewal Application

PO Box 80 / 410 N Broadway, Siloam Springs, AR 72761
Phone 479-373-1811 commdevadmins@siloamsprings.com

**Please complete application in its entirety **

Name of Business:		Date of Application:	
Business Mailing Address:		Business Phone:	

Preferred method of communication: ___ Email ___ Phone
Preferred license delivery method: ___ Email ___ In person ___ Mail

Please provide e-mail below

Primary Email:	
----------------	--

Number of Employees:	
----------------------	--

Local 24 Hour Emergency Contact Information <input type="checkbox"/> No changes from prior application	
	Name Phone

AR Sales & Use Tax permit required

- Previously provided
- Attached
- Not Applicable

Signature of Applicant

Printed Name of Applicant