



TOWN OF AVOCA
PO BOX 160
222 N OLD WIRE ROAD
AVOCA, AR 72711
479-621-5921

BUSINESS LICENSE

(Year)

1. Name of Business _____
2. Owner of Business _____
3. Type of Business Structure (corporation, sole Proprietorship, etc.) _____
4. All State, Federal Tax, Licensing & Sales Tax I.D. #s.

5. Address of Business

6. Mailing Address

7. Phone No. _____
8. Email address _____
9. Nature of Business _____
10. Number of Employees (including owner/operator) _____
11. Average Number of Employees _____
12. Name of Person completing application _____
13. Title of Person completing application _____
14. Are there living quarters in the building currently? Yes _____ No _____
15. Will there be human habitation at this location? Yes _____ No _____ If so how many? _____
16. New Business? Yes _____ No _____

After hours emergency contact(s): Emergency Contacts should be anyone who has access to the building 24/7, knows access/alarm codes, and can make emergency decisions.

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

Alarm Company Name: _____

Alarm Company Phone Number: _____

Knoxbox: Yes _____ No _____ If Yes, Location _____

Please attach copy of dealer's license, AR Department of Health certificate & sales tax permit (if applicable)

_____ Please Check here if you would like the town to promote your business at **no cost** to you on our town Facebook page and any other media source we may use throughout the year. By checking this box, you are giving the Town of Avoca permission to use your social media photos and information.

Licenses are renewed annually, at the beginning of each year, at a fee of \$40.00. They are subject to renewal for the following: relocation of business, change or modification of business activity or change in ownership. This form must be completed in full and signed before a license can be issued.

I certify that the above information is accurate and that this business operates in the Laws of the State of Arkansas and the Town of Avoca.

I, the undersigned, hereby state on oath that I am the applicant in the foregoing, and that the information contained herein is true and accurate to the best of my knowledge and belief.

Applicant's Signature _____

Date _____

Approved _____ Date _____

Denied _____ Date _____

Town Representative: _____

Title: _____