
FOR OFFICE USE ONLY

Account No. _____ Amount Paid _____ License No. _____

Date Purchased _____ Date Issued _____

City of Eureka Springs, Arkansas

44 South Main
(479) 253-9703

Application for General Business License

Please Note: Any Misrepresentations or Falsification of the Information Sought Below,
may result in revocation of the License as granted.

Name of Business _____

Business Address _____

Business Phone _____ E-Mail _____

Name of Owner _____

Mailing Address _____

Emergency Contact _____ Emergency Phone _____

Type of Business _____

SS# _____ Federal ID# _____

Is this business replacing any existing business? _____

If so, which business _____

Zone: R-1 _____ R-2 _____ C-1 _____ C-2 _____ C-3 _____ Industrial _____ Historic District _____

Number of Parking Spaces _____

Restaurants or Other Food Service Establishments - Seating Capacity? _____

Lodging Facilities - Number of Sleeping Rooms/Units? _____

***It is agreed that authorized inspections will be allowed
as prescribed by ordinance.***

I CERTIFY THAT NO BUSINESS OTHER THAN THAT LISTED ABOVE WILL BE
CONDUCTED AT THE ABOVE BUSINESS ADDRESS, OR THAT I HAVE OBTAINED
OR WILL OBTAIN A SEPARATE LICENSE FOR ANY SUCH ADDITIONAL BUSINESS.

Signature of Applicant _____ Date _____