

**CITY OF PARAGOULD
APPLICATION FOR PRIVILEGE LICENSE**

Legal name of business: _____

Previous name of business (if it has changed): _____

If business has closed, enter closing date: _____

Type of business: _____

Physical address of business: _____

Mailing address of business: _____

City, state and zip code: _____

Phone #: _____ Fax #: _____

Arkansas Sales Tax ID #: _____

Owners name: _____ Owners phone #: _____

Emergency contact person: _____ Emergency #: _____

If applicable:

Hours of operation: _____

Alarm Company used: _____

Restaurants – Number of seats: _____ Motel/Hotel – Number of rooms: _____

Manufacturers – number of employees: _____

Barber/Beauty shops – number of operators: _____

E-mail address: _____

To the best of my knowledge the information provided is true and accurate.

Signed: _____ Date: _____

For Office Use only:

Account Number: _____ Category: _____ Amount: _____