



310 Maple Avenue • Box 247
Phone: 479.752.3912

PERMIT#: _____

RT#: _____

CITY OF DECATUR, ARKANSAS 72722
(479) 752-3912
FAX (479) 752-8336

BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

AR STATE TAX ID NUMBER: _____

FEDERAL TAX ID NUMBER: _____

OWNER/OPERATOR: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

EMERGENCY PHONE: _____

DESCRIPTION OF BUSINESS: (I.E. products manufactured, products sold, or services rendered.)

ALL STATEMENTS MADE ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

SIGNATURE _____ DATE _____