

CITY OF WARD
P. O. BOX 237WARD, ARKANSAS 72176 – 501-843-7686

APPLICATION – PRIVILEGE & OCCUPATION

Date: _____

Name of Business: _____

Full Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Address/Location _____ City: _____ State: _____

Business Phone: _____

Name of Owner(s): _____

Home Address: _____

Federal ID or SS Number: _____

Type of Business: _____

Was Business Previously Known By Another Name? _____

If so, What Was Previous Name? _____

Number of Employees: _____

Fee due for number of employees (1 = \$25.00) (2 – 10 = \$50.00) (11 – 25 = \$150) (26 - 75 = \$300.00)
(76 and above - \$500.00)

Contact Person (NAME): _____

Contact Person (PHONE): _____

Do you have an Occupation License in another city? _____

If yes, what city and state? _____

OWNER SIGNATURE: _____

*****For Office Use Only*** State License Verified by Code Officer:**
Date and Signature: _____ Received By: _____

Rec.# _____ Amount: _____ Exp. Date: _____