

CITY OF MAYFLOWER
P.O. Box 69
Mayflower, AR 72106

APPLICATION FOR:
**CITY OF MAYFLOWER
PRIVILEGE LICENSE**

FOR OFFICIAL USE ONLY

RECEIPT NO.: _____

DATE ISSUED: _____

ISSUED BY: _____

AMOUNT PAID: _____

RECEIVED BY: _____

ZONING DISTRICT: _____

The City gives permission for this license in accordance with local ordinances. This license cannot be transferred from one person to another or from one business to another without City Council approval.

The Privilege License fee is \$125.00 and is valid January 1st through December 31st each calendar year.

PERMITTED USE/APPROVED: YES NO

APPROVING OFFICIAL: _____ DATE: _____

NAME OF APPLICANT: _____ TELEPHONE: _____

BUSINESS NAME: _____ TAX ID #: _____

PRIMARY BUSINESS FUNCTION: _____

DATE BUSINESS OPENED AT CURRENT FACILITY: _____

EXACT BUSINESS LOCATION: _____

BUSINESS MAILING ADDRESS: _____

I hereby certify that the data submitted on or with this application is true and correct.

Signature of Applicant, Owner or Agent

Date