



City of Eureka Springs

Office of the City Clerk Treasurer

Application for General Business License

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

Name of Business _____

Business Address _____ Business Phone _____

Name of Owner _____ Owner Phone _____

Mailing Address _____
Street City/State Zip Code

Email Address _____ *Soc Sec No. _____
*Federal ID _____

Type of Business _____

Zone _____ (R-1, R-2, C-1, C-2, C-3, Indust, Historic District)

Emergency Contact/Registered Agent Info (Must be located in AR & address cannot be PO box)

Name _____ Telephone _____

Street _____ City/State _____ Zip Code _____

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

I certify that the above named agent is authorized to accept notices and service of process on behalf of the above named business as stated in Section 4.36.01(A) of Eureka Springs Municipal Code.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Business Type Code _____ New Acct No. _____

Service Type Code _____ Amount Paid _____

44 South Main Street • Eureka Springs, AR 72632

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