

**CITY OF BENTON  
APPLICATION FOR  
PRIVILEGE LICENSE**

**DATE:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**HOME ADDRESS CITY & ZIP:** \_\_\_\_\_

**DRIVER'S LICENSE NO:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**EXP. DATE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS CITY & ZIP:** \_\_\_\_\_

**MAILING ADDRESS CITY & ZIP:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**License Mailed or Picked Up – Circle One**

\_\_\_\_\_  
**Signature of Applicant**

**C.S. SERVICE OUTSIDE ELECTRICAL INSPECTION:** \_\_\_\_\_ **State Remodel**

**ANIMAL CONTROL:** \_\_\_\_\_ **Contractor**

**BENTON POLICE DEPARTMENT:** \_\_\_\_\_ **License** \_\_\_\_\_

**FIRE MARSHALL:** \_\_\_\_\_

**WATER DEPARTMENT:** \_\_\_\_\_

**SEWER DEPARTMENT:** \_\_\_\_\_

**HEALTH/DHS DEPARTMENT:** \_\_\_\_\_

**BUILDING INSPECTOR:** \_\_\_\_\_ **NOTIFY A&P** \_\_\_\_\_

**RETURN TO CITY CLERK'S OFFICE P.O. BOX 607 BENTON, AR 72018**

**QUESTIONS PLEASE CALL 501-776-5908 Cost of License \$50 plus \$1 per employee who works over 20 hours per week**