

**CITY OF BENTON
APPLICATION FOR
PUBLIC CONVEYANCE 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: _____

STATE VEHICLE LICENSE NUMBER: _____

VEHICLE MAKE, COLOR, MODEL, YEAR: _____

DRIVER'S NAME & DL or CDL #: _____

DRIVER'S NAME & DL or CDL #: _____

DRIVER'S NAME & DL or CDL #: _____

License Mailed or Picked Up – Circle One

Signature of Applicant

C.S. SERVICE OUTSIDE ELECTRICAL INSPECTION: _____

BENTON POLICE DEPARTMENT: _____

FIRE MARSHALL: _____

BUILDING INSPECTOR: _____

CITY CLERK: Proof of full coverage liability insurance _____

**RETURN TO CITY CLERK'S OFFICE P.O. BOX 607 BENTON, AR 72018
QUESTIONS PLEASE CALL 501-776-5908**