



APPLICATION FOR PRIVILEGE LICENSE

Date: _____

Business Name: _____

Mailing Address/City/Zip: _____

Physical Address/City/Zip: _____

Business Phone: _____

BUSINESS DESCRIPTION IN DETAIL: _____

Corp/LLC Name (if applicable): _____

Owner Name: _____

Owner Address/City/Zip: _____

Owner Phone: _____

Email Address: _____

Best Local Contact Name/Info _____

Signature of Applicant

License Mailed or Picked Up – Circle One

RETURN TO CITY CLERK'S OFFICE P.O. BOX 607 BENTON, AR 72018; OR UPLOAD FORM AND PAY
ONLINE AT <https://ar.accessgov.com/city-of-benton>

QUESTIONS? PLEASE CALL 501-776-5908. Cost of License is \$50 plus \$1 per employee working over 20
hours per week.

OFFICE USE ONLY

C.S. SERVICE OUTSIDE ELECTRICAL INSPECTION: _____ State Remodel

ANIMAL CONTROL: _____ Contractor

FIRE MARSHALL: _____ License _____

WATER DEPARTMENT: _____

SEWER DEPARTMENT: _____

HEALTH/DHS DEPARTMENT: _____

BUILDING INSPECTOR: _____

A&P _____