

**CITY OF BENTON
APPLICATION FOR
SPECIAL EVENT BUSINESS PERMIT**

Date: _____

Event Name: _____

Event Date: _____

Business Name: _____

Owners Name: _____

Address/City/Zip: _____

Phone: _____

Type of Business: _____

Email Address: _____

Permit Mailed or Picked Up – Circle One

Signature of Applicant

OFFICE USE ONLY

BUILDING INSPECTOR: _____

A&P _____

**RETURN TO CITY CLERK'S OFFICE P.O. BOX 607 BENTON, AR 72018
Or City Hall 114 S East St Benton**

QUESTIONS, PLEASE CALL 501-776-5908

Cost of permit \$25