

**CITY OF BENTON
APPLICATION FOR
SOLICITOR'S PERMIT & LICENSE**

DATE: _____

NAME: _____ **PHONE:** _____

HOME ADDRESS: _____ **STATE:** _____ **ZIP:** _____

DRIVERS LICENSE NO: _____ **STATE:** _____ **EXP.DATE:** _____

DATE OF BIRTH: _____

NAME OF COMPANY: _____

ARKANSAS SALES TAX PERMIT #: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

NATURE OF BUSINESS: _____

LOCATION OF BUSINESS: _____

LENGTH OF TIME DESIRED TO DO BUSINESS: _____

DESCRIPTION OF VEHICLE, LICENSE NUMBER: _____

HAVE YOU BEEN CONVICTED OF A CRIME? MISDEMEANER: _____

FELONY: _____

2 REFERENCES: _____

Signature of Applicant

Community Development Director

BENTON POLICE DEPARTMENT: _____

RETURN TO CITY CLERK