

**APPLICATION FOR BUSINESS LICENSE**

*City of Sherwood*  
2199 East Kiehl Ave. P. O. Box 6256 Sherwood, AR 72124  
Ph. (501) 835-5319 Fax (501) 835-1274

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing address \_\_\_\_\_

Owner's Name & Phone Number \_\_\_\_\_

Owner's Address \_\_\_\_\_

Business started at current location: Month \_\_\_\_\_ Year \_\_\_\_\_

Number of employees \_\_\_\_\_

Nature of business: \_\_\_\_\_

Business property owned or leased? \_\_\_\_\_ Owned \_\_\_\_\_ Leased

Arkansas State Sales Tax Permit # \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED BEFORE A LICENSE CAN BE ISSUED.**

I certify that the above information is accurate, and that this business operates within the Laws of the State of Arkansas and the City of Sherwood.

\_\_\_\_\_  
Signature of owner or authorized agent of business

\_\_\_\_\_  
Date

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ZONING DEPARTMENT

\_\_\_\_\_  
NAME  
Zoning Classification \_\_\_\_\_

\_\_\_\_\_  
DATE