



2199 E. Kiehl Ave. | PO Box 6256, Sherwood, AR 72124
 501-835-5319 | Fax: 501-835-1274 | clerks@cityofsherwood.net

APPLICATION FOR BUSINESS LICENSE

Date:	
Name of Business:	
Business Phone #:	
Business Physical Address:	
Business Mailing Address:	
Owner's Name:	
Owner's Phone #:	
Owner's Email Address:	
Owner's Address:	
Business Started at Current Location	Month: _____ Year: _____
Number of Employees:	Business property owned or leased? <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Nature of Business:	
Arkansas State Sales Tax Permit #:	
<p>This form must be completed and signed before a license can be issued. Please note: application review may take up to 10-15 business days.</p> <p>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.</p>	
Signature of Owner or Authorized Agent of Business	Date:
Zoning Department Use Only	
Staff Member:	Date:
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	Zoning Classification