

CITY OF CAMDEN
PO BOX 278
CAMDEN, ARKANSAS 71711-0278
APPLICATION FOR CITY BUSINESS LICENSE

DATE: __/__/__

ACCT: _____

LIC. NO. _____

TRADE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LOCATION: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER/OPERATOR: _____ PHONE: _____

BUS. TYPE: LIC. RATE CODE _____ DESCRIPTION _____

YRLY. CHARGE: _____ PRO-RATED _____

AFFIDAVIT

VALUE OF INVENTORY AS OF _____, 20____ \$ _____

AMT. OF PRIVILEGE TAX \$3/M \$ _____

MINIMUM TAX \$40 \$ _____

MAXIMUM TAX \$3,000 \$ _____

I, _____, TITLE _____

Do solemnly swear that the statements given above are true and correct to the best of my knowledge and belief.

LICENSE ISSUED: ___Y___N

Applicant

PLEASE COMPLETE THE HIGHLIGHTED AREAS