City of Camden

P.O. Box 278
Camden, Arkansas 71711-0278
Ph# 870-836-6436 Fax#870-836-3369
www.camden.ar.gov

Application for Business License

Date: ____/____/____

Account#: _____ **Licenses#: _____**

Business Name: _____ Retail Sq. Ft: _____

Business Address: _____ #Employees/Units: _____

Phone#: _____ Fax#:_____ Email: _____

Corporate Address: _____ City: _____ ST: _____Zip:_____

Phone#: _____ Fax#_____ Email: _____

Owner/Manager: _____ Phone#: _____ Cell#: _____

Address: _____ City: _____ ST: _____ Zip: _____

Description of Business/Comments:

_____
_____
_____
_____
_____

_____
Signature of Owner

Official use:

Type of Business: _____/_____/_____/_____/_____/_____
Class Type Description Sq. Ft #Employees/Units Charge Pro-Rate

A & P Tax Form Required? Y N

_____ **Approved: _____ Denied: _____**
City Clerk

Inspections completed:
Code: ____
Fire: ____
Health: ____
(When Required)

BL2/1/12