

*City of Clarksville  
205 Walnut Street  
Clarksville, AR 72830  
Phone No. 501-754-6486  
Fax No. 501-754-4052*

***Business Registration Form***

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Business Location: \_\_\_\_\_ Is Location Permanent? Yes ( ) No ( )

Business Type: \_\_\_\_\_ Emergency or After Hours No. \_\_\_\_\_

Do you have an Alarm System? Yes ( ) No ( ) Alarm Co. # \_\_\_\_\_

No. of Employees \_\_\_\_\_ Approximate Sq. Ft. of Bldg. \_\_\_\_\_

Business Owner(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Property Owner(s) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are Chemicals or Flammables used or stored on premises? Yes ( ) No ( )

If so, What are they? \_\_\_\_\_

**I UNDERSTAND THE BUSINESS PERMIT IS FOR REGISTRATION PURPOSES AND DOES NOT WAIVE COMPLIANCE FOR ANY FEDERAL, STATE, COUNTY, OR CITY LAWS OR ORDINANCES.**

\_\_\_\_\_  
**SIGNATURE OF BUSINESS OWNER  
OR AUTHORIZED SIGNATURE  
FOR OFFICIAL USE ONLY**

Zone of Business \_\_\_\_\_ Paved Parking \_\_\_\_\_

New Business Yes ( ) No ( ) Date Established \_\_\_\_\_

Date Approved \_\_\_\_\_ City Inspector \_\_\_\_\_