

CITY OF MAYFLOWER
P.O. Box 69
Mayflower, AR 72106

APPLICATION FOR:
CITY OF MAYFLOWER
PRIVELEGE LICENSE

FOR OFFICIAL USE ONLY

RECEIPT NO.: _____

The City gives permission for this license in accordance with local ordinances. This license cannot be transferred from one person to another or from one business to another without City Council approval.

DATE ISSUED: _____

ISSUED BY: _____

ZONING DISTRICT: _____

PERMITTED USE/APPROVED: YES NO

NAME OF APPLICANT: _____ **TELEPHONE:** _____

BUSINESS NAME: _____

PRIMARY BUSINESS FUNCTION: _____

DATE BUSINESS OPENED AT CURRENT FACILITY: _____

EXACT BUSINESS LOCATION: _____

BUSINESS MAILING ADDRESS: _____

I hereby certify that the data submitted on or with this application is true and correct. .

Signature of Applicant, Owner or Agent

Date