



City of Johnson

Business License Application

COJ Tax Code: 7207

Date

New License

Renewal

Name of Business

Address of Business

Mailing Address

E-Mail

Business Phone

Fax

Arkansas Sales and Use Tax Permit #

(Please attach copy)

Type of Business (Retail, Convenience Store, Insurance Office, Hotel, etc)

Owner's Name

Parent Company

Parent Company Address

Parent Company Phone

Fax

Emergency Contact Information (This information will be considered *confidential* and disseminated exclusively to emergency services, i.e, Police, Fire, EMS personnel only. The Johnson Police Department asks that persons listed have access to keys and alarm codes for any structures and be familiar with company and personnel that are authorized to be on the property during the hours the business is normally closed. Please list your representatives in the order you want them to be contacted. If any of this information changes throughout the year, please advise.

1. Name

Position / Title

Home Phone

Cell Phone

2. Name

Position / Title

Home Phone

Cell Phone

3. Name

Position / Title

Home Phone

Cell Phone

Additional contacts listed on back or on additional sheet of paper

Alarm:

None

Yes

Type of Alarm

Location of Alarm (office area only, entire business, etc.)

Alarm Company

Contact Phone:

Does your business have a contract with an after hour cleaning service, if so- what service?

Contact Phone:

Are there any hazardous or flammable materials stored on the property in large quantities?

Yes

no

If yes what kind and location

Alcohol Beverage License

Yes

No

A.B.C /City (copies of documents included or in file)

Mayor Chris Keeney P.O Box 563 Johnson, Arkansas 72741 (479)521 7291 FAX (479) 521-7292