

City of Clarksville  
205 Walnut Street  
Clarksville, AR 72830  
Phone No. 479-754-6486  
Fax No. 479-754-4052

Clarksville Light & Water Co.  
P.O. Box 1807  
Clarksville, AR 72830  
Phone No. 479-754-3148  
Fax No. 479-705-1901

## Business Registration Form

Date: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address: \_\_\_\_\_ Location Permanent? Yes [ ] No [ ]

Type of Business: \_\_\_\_\_ Emergency After Hours # \_\_\_\_\_

Do you have an Alarm System? Yes [ ] No [ ] Alarm Co. # \_\_\_\_\_

# of Employees \_\_\_\_\_ Approximate Sq. Ft. of Building \_\_\_\_\_

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

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

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

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

Are Chemicals or Flammables used or stored on premises? Yes [ ] No [ ]

If so, Please List \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Business Owner  
Or Authorized Representative

FOR OFFICIAL USE ONLY

Zone of Business \_\_\_\_\_ Paved Parking \_\_\_\_\_  
New Business Yes [ ] No [ ] Date Established \_\_\_\_\_  
Date Approved \_\_\_\_\_ City Inspector \_\_\_\_\_