

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

Business Registration Form

Date: _____

Business Name: _____ Mailing Address _____

Physical Address: _____ Is Location Permanent? Yes [] No []

Type of Business (be specific) _____

Emergency or After Hours No. _____

Do you have an Alarm System? Yes [] No [] Alarm Co. Phone No. _____

No. of Employees _____ Approximate Sq. Ft. of Bldg. _____

Business Owner(s) _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Property Owner(s) _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

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

Is 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 _____