



# Pea Ridge Business License Request

## Business Address

Business Name:

Physical Address:

Type of Business:

Mailing Address:

Telephone Number:

City:

Fax Number:

State/Province:

Zip Code:

E-mail Address:

Web Site Address:

## Contact Information

Owner/Manager Name:

**Business License Fee - \$50  
Annually**

Address (if other than business address):

**Late fees will be assessed after  
February 1<sup>st</sup>.**

City:

**Return this form and payment to:**

State/Province:

Zip Code:

**Business License  
Pea Ridge City Hall  
P.O. Box 10  
Pea Ridge, AR 72751**

## Office Use Only

Payment Type:

Cash     Check

Received From:

Date Received:

Receipt Number:

Business License Number: