

# City Of Wynne Privilege License Application

206 South Falls Blvd., Wynne, AR 72396

(870) 238-8718

DATE ISSUED: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

\*DATE OF APPLICATION: \_\_\_\_\_

\*NAME OF BUSINESS: \_\_\_\_\_

\*OWNER: \_\_\_\_\_ \*MANAGER \_\_\_\_\_

\*BRIEF DESCRIPTION OF BUSINESS: \_\_\_\_\_

\*LOCATION: \_\_\_\_\_ \*CITY/STATE/ZIP \_\_\_\_\_

\*LOCAL PHONE NUMBER \_\_\_\_\_ \*BILLING PHONE NUMBER \_\_\_\_\_

\*BILLING ADDRESS: \_\_\_\_\_ \*CITY/STATE/ZIP \_\_\_\_\_

\*EMAIL ADDRESS: \_\_\_\_\_

\*NUMBER OF FULL TIME EMPLOYEES: \_\_\_\_\_ \*NUMBER OF PART TIME EMPLOYEES: \_\_\_\_\_

\_\_\_\_\_  
\*SIGNATURE PERSON FILING APPLICATION

\* TITLE

ARKANSAS SALES & USE TAX NUMBER \_\_\_\_\_

All licenses provided for under this Ordinance shall be issued only by the City Collector and paid for in advance. The time for payment for all licenses shall be the first day of July of each year and all licenses shall expire at midnight on the last day of June.

Any person failing or refusing to procure a license within the time stated in this section shall pay a penalty. The Penalty will be assessed at 10% of the fee each day up to double the amount of the license.

**If you pay by mail, Please enclose a self-addressed stamped envelope for returning your license.**