

City of Wynne

206 S. Falls BLVD
Wynne, AR 72396

Ph: 870-238-8718
Fax: 870-238-4055

PRIVILEGE LICENSE APPLICATION

Date of Application: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Email Address: _____

Business Type (select one): _____

Average value of inventory (if applicable): _____

Business Point of Contact: _____

Number of full-time employees: _____ Number of part-time employees: _____

Arkansas Sales & Use Tax Number: _____

Owner Name: _____

Owner Phone Number: _____

Owner Email Address: _____

All licenses are provided in accordance with Ordinance Number 812, and issued by the city and shall be paid for in advance. Businesses licenses must be renewed by July 1 of the current year. Business licenses expire on June 30 each year. Any business failing to purchase or renew shall pay a penalty of 10% of the total license price for each day up to double the amount of the license price. Prorated licenses for partial years are calculated based on Ordinance Number 812.

If a person engages in an activity that requires a license and does not get one, they shall be guilty of a misdemeanor and subject to a fine of no less than \$5.00 and no more than double the cost of the license. Each day the business continues to operate without a license shall be considered a separate offense.

If you choose to renew your license by mail, please enclose a self-addressed stamped envelope for return of your business license.

Signature of Owner: _____ Date: _____

****If you would like to pay online please select here: . When we receive your form, we will send an e-invoice to the email listed above. You can email your completed form to info@cityofwynne.com. Once the invoice is paid we will email your license to you.***

FOR CITY USE ONLY

Date Received: _____ Date License Issued: _____ License Number: _____

Amount Paid: _____ Check Number: _____ Cash Card