



712 West Moline St; Malvern, AR 72104 Office 501-332-3638 Ext. 2

FIRE MARSHAL'S OFFICE & CODE ENFORCEMENT

**OCCUPATIONAL LICENSE APPLICATION**

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

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

Physical Address: \_\_\_\_\_

Business phone #: \_\_\_\_\_

Business Type or Occupation: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

A. FULL TIME EMPLOYEES: \_\_\_\_\_ X \$7.00= \$ \_\_\_\_\_

B. PART TIME EMPLOYEES: \_\_\_\_\_ X \$3.50= \$ \_\_\_\_\_

C. SUBTOTAL: \*\*\*\*\*\$ \_\_\_\_\_

D. BASE LICENSE FEE:\*\*\*\*\*\$ 25.00

- Add lines A and B enter total on Line C
- Add lines C and D enter total on line E for Amount Due

E. TOTAL AMOUNT DUE\*\*\*\*\*\$ \_\_\_\_\_

The statements contained in the above Occupation License Application are true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_

THIS LICENSE REQUIRED UNDER ORDINANCE NO. 733

