



CITY OF GRAVETTE
604 FIRST AVE SE
GRAVETTE, AR 72736
479-787-5757
479-787-5018 (fax)

Permit# _____ Receipt# _____

CITY OF GRAVETTE

2012 BUSINESS LICENSE APPLICATION

Business Name _____

Arkansas State Tax ID # _____

Federal Tax ID# _____

Owner/Operator _____

Business Address _____

Mailing Address _____

Business Phone _____

Emergency Phone _____

Description of
Business _____

The above statements are true and accurate to the best of my knowledge.

Signature _____ Date _____