



# City of West Memphis

## Privilege License Application



Date: \_\_\_\_\_

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

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

Business Phone: (    ) \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Street

City, State

Zip Code

Email Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above) Street or P.O. Box

City, State

Zip Code

Type of Business: \_\_\_\_\_

Check One:     Corporation     Partnership     Sole Proprietor     Professional

Tax ID# \_\_\_\_\_

Emergency Contact Information: (After Business Hours):

\_\_\_\_\_ (    ) \_\_\_\_\_  
Name/Title Phone

Person Submitting Application:

\_\_\_\_\_ Signature  
Print Name

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If you are mailing payment, please send to:  
City Clerk's Office  
P.O. Box 1728  
West Memphis, AR 72303