



**CITY OF HOPE**

BUILDING SERVICES / INSPECTIONS / PERMITS  
PO BOX 667, HOPE, ARKANSAS 71802  
TEL. (870) 722-2505 FAX. (870) 722-2511

**APPLICATION FOR VENDOR & PRIVILEGE LICENSE**  
**PRINT ALL INFORMATION**

**BUSINESS NAME** \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

Type of Business or Product Sold \_\_\_\_\_

Door-to-Door Sales       Stationary Location: \_\_\_\_\_  
ADDRESS

ATTACH APPROVAL LETTER FROM PROPERTY OWNER w/ PERMISSION TO USE RESTROOM

Name of Owner/Manager \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Address (if different) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Address: \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State: \_\_\_\_\_

I certify that the information is accurate and that this business operates within the Laws of the State of Arkansas and the City of Hope.

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

**FOR CITY USE ONLY**

Fee Calculation: \_\_\_\_\_

Receipt No. \_\_\_\_\_ **TOTAL FEE: \$** \_\_\_\_\_

Approved      Date: \_\_\_\_\_ By: \_\_\_\_\_

**THIS LICENSE EXPIRES: December 31, 2016**