



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