



CITY OF HARRISON, ARKANSAS
BUSINESS LICENSE APPLICATION
 HARRISON FIRE DEPARTMENT DIVISION OF COMMUNITY RISK REDUCTION
 118 Industrial Park Road Harrison, AR. 72601
 870-741-6384



APPLICATION INSTRUCTIONS: Please fill this form out completely and submit all required information. If it is not completed or required information is not provided your application may be denied. This document is fillable in PDF format. Download the document and then click the "Fill & Sign" button on the right side of the page to fill in the appropriate information, and save the file to print.

Business Information

Please Check One: New Application Application Renewal Change of Address Change of Business Name

Business Name: _____

Corporate Name: _____

(If applicable)

Business Location: _____

City State Zip

Mailing Address: _____

City State Zip

Business Phone No: _____ Fax No: _____ Business Start Date: _____

Description of Business: _____

Ownership: Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

Property Owner Information

Is this location owned by the occupancy or rented? Owned Rented

Property Owner(s) Name: _____

Phone: _____ Email: _____

Address: _____

City State Zip

Occupancy/Emergency Contact Information

Contact Person 1 Name: _____ Contact Person 2 Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

New Business Inspection

Before any new business shall be issued a business license or conduct business within the City of Harrison, a Fire and Life Safety inspection shall be conducted.

Preferred date/time of inspection: _____ Onsite Contact: _____

Phone: _____ Email: _____

Business License Fee Schedule

- One (1) – Forty nine (49) full time employees: \$50.00
- Fifty (50) – Ninety nine (99) full time employees: \$100.00
- One hundred (100) – One forty nine full time employees: \$200.00
- One hundred fifty (150) and more full time employees: \$250.00

Total Number of Employees: _____ License Fee Paid: _____



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Credit Card Payment

I, _____ authorize the City of Harrison, and the Harrison Fire Department to charge my credit card account indicated below for the amount stated above on or after _____ (date). This payment is for the acquirement of a business license.

Billing Address: _____
City State Zip

Phone Number: _____ Email: _____

Account Type: Visa Master Card Discover

Cardholder Name: _____ Expiration Date: _____

Account Number: _____ CVV (3 digit number on back) _____

Signature: _____ Date: _____

How would you like to receive your license? USPS Mail Email: _____

Note: Once received, the business license shall be displayed in a manner visible to the public.

I authorize the City of Harrison, Harrison Fire Department to charge the credit card indicated above in the authorization form according to the terms outlined above. The payment authorization is for the acquirement of an annual business license for the amount indicated above only, and is valid for use one-time debit with this application only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Authorization

I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license.

Name of Owner/Representative: _____ Date: _____

Signature of Owner/Representative: _____ Date: _____

*Make checks payable to the Harrison Fire Department.
 Return application and checks to Harrison Fire Department, P.O. Box 1715, Harrison, AR. 72602
 Applicable fees may also be paid by check or credit card in person at the Harrison Central Station located
 at 118 Industrial Park Road, Harrison, AR. 72601*

OFFICIAL USE ONLY

Fire Department Official: _____ Date: _____

Occupancy Updated in RMS? YES NO

Permit issued to occupant? YES NO

Permit Number: _____



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