

City of Greenwood, Arkansas
Application for Privilege License

App Date: _____
BusName: _____
Resp Party: _____
Bus Type: _____
Phone: _____
Business Addr: _____
City/ST/Zip: _____
Mailing Addr: _____
City/ST/Zip: _____

For Office Use Only

PmtType: 1 = Check; 2 = Cash

CheckNo:

Amount:

ExpirDate:

Approval:

Applicant's Signature: _____