

City of Rector
409 S Stewart Avenue
Rector, Arkansas 72461
870-595-3035

Occupation License Application

Federal Identification Number (Optional) _____

Arkansas Sales Tax Number (Optional) _____

Name of Business _____

Owner/Manager's Name _____

Address of Business _____

Description of Business _____

Telephone (_____) _____ Application Date _____

Signature _____ Print _____

_____ Approved Not Approved
Code Enforcement Officer, Todd Watson

Fee \$ _____

Date Approved _____