

COMPANY LICENSE NUMBER

RENEWAL APPLICATION

FOR OFFICE USE ONLY
EFFECTIVE 12/10/08
EXPIRES _____

PLEASE TYPE OWNER MANAGER

NAME _____ SS# _____
Last First MI

MAILING ADDRESS: _____
& Street or P.O. Box City County State/ZIP

DOB: ___/___/___ HGT: _____ EYES: _____ HAIR: _____ SEX: _____ WGT: _____

DRIVER'S LICENSE: _____ HOME PHONE: (____) _____
State Number

PLACE OF BIRTH: _____
City County State Country

BUSINESS NAME: _____ PHONE (____) _____

WARNING TO APPLICANT: PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND PUNISHABLE AS SET FORTH IN ARKANSAS CODE 5-53-103.

THE APPLICANT MUST LIST ALL CONVICTIONS OF A **FELONY, CLASS A MISDEMEANOR, CRIME INVOLVING AN ACT OF VIOLENCE OR MORAL TURPITUDE.** IF THE APPLICANT HAS BEEN CONVICTED, HE OR SHE MUST ATTACH DOCUMENTATION CERTIFIED BY THE COURT AS TO THE DISPOSITION OF THE CHARGE. THE APPLICANT MUST ALSO LIST ANY CRIMINAL CHARGES NOW PENDING OR ON APPEAL. **DO NOT LIST TRAFFIC VIOLATIONS EXCEPT FAILURE TO APPEAR.**

Charge	Location	Date	Disposition

THE APPLICANT STATES ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT AND THAT THE APPLICANT WILL UPHOLD THE CONSTITUTIONS OF THE UNITED STATES AND THE STATE OF ARKANSAS.

SIGNED: _____ **DATE:** _____

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the county and state aforesaid, this the _____ day of _____ 20____.

Notary Public

DO NOT WRITE IN THE SPACES BELOW

FOR BOARD USE ONLY

I.D. BUREAU

RECORD

NO RECORD

C.I.D.

NCIC

WANTED

NOT WANTED

TRAFFIC RECORD

NO TRAFFIC RECORD

Signature of person making inquiry: _____ Date: _____