



**CITY OF JONESBORO**  
**PRIVILEGE LICENSE APPLICATION**

Information must be legible to obtain Privilege License-Please print

DATE: 3/25/14

\*NAME OF BUSINESS: Craighead County Cab Company

\*STREET ADDRESS: N/A

\*CITY, STATE, ZIP: Jonesboro AR 72401

\*BILLING ADDRESS: 3209 Candlewood Dr

\*CITY, STATE, ZIP: Jonesboro, AR 72404

\*TELEPHONE NO.: 870 761 9711

2<sup>ND</sup> TELEPHONE NO.: \_\_\_\_\_

FAX # : \_\_\_\_\_

CONTACT PERSON: Elvis Burks

\*\*E-MAIL ADDRESS : elvis-burks@yahoo.com

\*NAME OF OWNER Elvis Darnell Burks

\*\*SALES TAX ID NO.: N/A

\*TYPE OF BUSINESS: Taxi cab Service

\*Must be filled out to obtain Privilege License

\*\* Fill out if you have or are required to have

\*\*\*INVENTORY AMOUNT: \*\* \_\_\_\_\_  
Retail stores only

\*\*\*Your cost , product only, to start the business. We will calculate your license fee.

To the best of my knowledge, the information provided above is true and accurate.

\*Signed Elvis Burks

\*Print name Elvis Burks