



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

2ND 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