



VILONIA PRIVILEGE TAX

Business Name: _____

Physical Address (include city, state, & zip): _____

Mailing Address (include city, state, & zip): _____

Owner's Name: _____

Business Phone: _____ Contact Phone: _____

Email Address: _____

Website / Social Media: _____

SERVICE TYPE OF BUSINESS CONDUCTED (Please select one from the list below):

<input type="checkbox"/> Automotive/ Auto Repair	<input type="checkbox"/> Financial	<input type="checkbox"/> Real Estate	Description (optional)
<input type="checkbox"/> Beauty	<input type="checkbox"/> Grocery	<input type="checkbox"/> Retail	_____
<input type="checkbox"/> Childcare	<input type="checkbox"/> HVAC	<input type="checkbox"/> Service	_____
<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Sports & Fitness	_____
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Medical	<input type="checkbox"/> Storage	_____
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Utilities	_____
<input type="checkbox"/> Dining & Food Services	<input type="checkbox"/> Pet Supply & Care		_____
<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing		_____

These permits are only good from dates of sale until December 31st of sale year.

Include in Website
Directory

_____ Privilege Tax end Date December 31
Start Date

By signing this, I understand that a Vilonia Privilege Tax does not permit me to operate a business violating any of the City Ordinances, Sub-Division Covenants, or Zoning Regulations.

Business Owner Signature

Date

REC# _____

Check# _____