



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: _____

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

- | | | |
|--|--|---|
| ☐ Automotive/ Auto Repair | ☐ Financial | ☐ Real Estate |
| ☐ Beauty | ☐ Grocery | ☐ Retail |
| ☐ Childcare | ☐ HVAC | ☐ Service |
| ☐ Construction | ☐ Manufacturing | ☐ Sports & Fitness |
| ☐ Convenience Store | ☐ Medical | ☐ Storage |
| ☐ Dentistry | ☐ Miscellaneous | ☐ Utilities |
| ☐ Dining & Food Services | ☐ Pet Supply & Care | |
| ☐ Electrical | ☐ Plumbing | |

Description (*optional*)

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

_____ 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# _____