



**CITY OF
LITTLE FLOCK**
1500 Little Flock Drive
Little Flock, Ar. 72756

City Hall 479-636-2081
Fax 479-636-2318
www.cityoflittleflock.com

Application for Peddlers License \$75

Name: _____ **Age** _____

Address: _____

Phone Number: _____ **ID#** _____

Vehicle Desc _____ **License #** _____

Business Name _____

Business Type: _____

Business Phone #: _____

E-Mail Address: _____

Owners Name: _____

Address if different than Business: _____

Phone # if different than Business: _____

Nature of Business for Peddlers License: _____

Dates requesting Peddler's License: _____

Signature: _____ **Date:** _____

***Little Flock Codification - Chapter 4.28 / Ordinance 2025-008**

***Hours allowed to operate Monday - Saturday 9:00 am-9:00 pm; Sunday 1:00 pm-9:00 pm**

Date Issued: _____ **Date Expires:** _____

Office Use Only:

Approved By: _____ Date: _____ Receipt # _____ Permit # _____



Permit for Soliciting

Applicant _____

Business _____

Date of Issue _____

Date Expires _____

Permit # _____

City Admin. Signature _____

City of Little Flock



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AFFIDAVIT

I, _____ of _____ County, Arkansas being Duley sworn under State Oath That:

I am of good moral character and have not been convicted of a felony, or any crime involving sexual offenses, theft, harm to minors, or physical violence to another person within the past five years, and that I do not have any charges currently pending for any felony, or any misdemeanors involving sexual offenses, theft, harm to minors, physical violence, or drug offenses.

Under penalty of perjury, I hereby declare and affirm that the above stated facts, to the best of my knowledge, are true and correct.

Dated this _____ day of _____, 20_____

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____

by _____ Notary Public

My Commission Expires _____

Office Use Only:

Approved By: _____ Date: _____ Receipt # _____ Permit # _____