





**ARKANSAS PROFESSIONAL BAIL BONDSMAN LICENSING BOARD  
PROFESSIONAL BAIL BOND COMPANY LICENSE APPLICATION**

5. If a Partnership, list name and address of partners and percentage of ownership. Attach a copy of Partnership Agreement. As to each partner, specify whether a general or limited partner.

Partner	Partner	Partner
Name	Name	Name
Address	Address	Address
% Ownership	% Ownership	% Ownership
General/Limited	General/Limited	General/Limited

6. If a Sole Proprietorship, list name and address of proprietor.

Name	Address

7. Name and address of each individual licensed by this Board as a Professional Bail Bondsman who will act for the company under the requested license **(Note: At least one owner/partner of the bond company must be an Arkansas licensed professional bail bondsman who has been licensed in two of the three years preceding this application.)**

Name	Address

(Attach additional sheets as necessary)

I, \_\_\_\_\_ hereby state under oath that all the information in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_, 2\_\_\_\_\_.