Treasury Management Division
100 City Hall
500 W Markham
Little Rock, AR 72201

Account #: _____

Classification: _____

Amount Due: _____

APPLICATION FOR BUSINESS LICENSE

THIS FORM WILL BE USED TO CALCULATE AND ASSESS THE AMOUNT OF FEES DUE. A BUSINESS LICENSE CANNOT BE ISSUED FOR A NEW BUSINESS OR FOR A CHANGE OF LOCATION UNTIL THIS FORM IS **APPROVED BY THE ZONING DIVISION LOCATED AT 723 W. MARKHAM STREET AND THE FIRE DEPARTMENT IF APPLICABLE, LOCATED AT 624 S. CHESTER, 2ND FLOOR. YOU MAY FAX THIS APPLICATION TO 501-371-6863 TO BEGIN THE APPROVAL PROCESS.**

FOR QUESTIONS ABOUT THIS APPLICATION CALL: **501-371-4645** OR **501-371-4438**
FOR QUESTIONS ABOUT ZONING LAWS OR SIGN PERMITS CALL: **501-371-4844**

TYPE OF APPLICATION:

_____NEW BUSINESS ____CHANGE OF OWNERSHIP _____EXISTING BUSINESS, CHANGE OF ADDRESS

A. NAME OF BUSINESS:_____

B. ACTUAL BUSINESS STARTUP DATE: MONTH _____ DAY _____ YEAR _____

**PLEASE LIST THE DATE THE BUSINESS STARTED OPERATIONS, NOT THE INCORPORATION, CONTRACT, OR SETUP DATE.*

NUMBER OF FULL TIME EMPLOYEES _____

C. PRESENT BUSINESS LOCATION (DO NOT USE A PO BOX)_____

CITY: _____ STATE _____ ZIP_____ PHONE: _____ FAX: _____

**IF YOUR BUSINESS IS HOME-BASED, YOU MUST ALSO COMPLETE THE HOME OCCUPATION ACCESSORY USE APPLICATION.*

D. E-MAIL ADDRESS (REQUIRED):_____

E. MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP_____

F. PREVIOUS BUSINESS LOCATION: _____

CITY:_____STATE_____ZIP_____ PHONE _____ FAX: _____

G. BUSINESS OWNERâS NAME: _____ PHONE: _____ FAX: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP:_____

DRIVERâS LICENSE NUMBER (REQUIRED): #_____ DATE OF BIRTH (REQUIRED): _____

H. STATE OF ARKANSAS SALES TAX NUMBER: #_____

I. DESCRIPTION OF BUSINESS: _____

DOES YOUR BUSINESS MAINTAIN INVENTORY? _____YES _____NO.

***IF YES, LIST THE AMOUNT OF BEGINNING INVENTORY:_____

DOES YOUR BUSINESS SELL ANY TYPE OF ALCOHOLIC BEVERAGE? _____YES _____NO

***IF YES, WHAT TYPE OF STATE PERMIT _____

DOES YOUR BUSINESS SELL TOBACCO PRODUCTS? _____YES _____NO

J. PROPERTY OWNERâS NAME: _____ PHONE: _____ FAX: _____

K. ARE YOU CURRENTLY INVOLVED WITH OR DO YOU PLAN ANY CONSTRUCTION OR REMODELING AT THIS LOCATION _____YES _____NO

EXPLAIN:_____

L. DO YOU STORE OR STOCK FLAMMABLE OR EXPLOSIVE MATERIALS? _____ YES _____NO

***IF YES, NOTE TYPE & QUANTITIES: _____

PLEASE NOTE:

1. **IF YOU ARE NO LONGER IN BUSINESS, WRITTEN NOTIFICATION MUST BE SUBMITTED TO OUR OFFICE.**
2. **IF YOUR BUSINESS LOCATION CHANGES, AN APPLICATION FOR CHANGE OF ADDRESS MUST BE APPROVED.**
3. **CITATIONS WILL BE ISSUED TO BUSINESSES FAILING TO COMPLY WITH THE BUSINESS LICENSE ORDINANCE.**
4. **A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND CONSTITUTE FORFEITURE OF ANY FEES PAID**
5. **IF YOUR BUSINESS SELLS FOOD OR IF YOU'RE IN THE LODGING BUSINESS, YOU MAY BE REQUIRED TO PAY THE ADVERTISING AND PROMOTION 2% TAX: CALL 501-370-3205 TO INQUIRE**

SIGNATURE OF OWNER OR RESPONSIBLE PARTY: _____DATE: _____

PRINTED NAME_____

FOR ZONING OFFICE USE ONLY:

PROPERTY IS ZONED: _____

PROPOSED USE **IS APPROVED** FOR _____

PROPOSED USE ***IS DENIED*** BECAUSE _____

COMMENTS: _____

ZONING OFFICIAL_____

BUILDING OFFICIAL_____

DATE: _____

FOR FIRE MARSHALL USE ONLY:

APPROVED: _____

DENIED: _____

COMMENTS: _____

_____

FIRE MARSHALL OFFICIAL:

_____

DATE: _____

HOME OCCUPATION ACCESSORY USE APPLICATION

COMPLETE THIS FORM IN addition TO THE REGULAR APPLICATION IF YOU ARE A HOME BASED BUSINESS

APPLICANTõS NAME: _____ PHONE: _____

NAME OF BUSINESS: _____

OWNER OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PROPERTY OWNED BY: _____

ADDRESS OF PROPERTY OWNER: _____

DESCRIPTION OF BUSINESS OR SERVICE ACTIVITY OFFERED BY THIS BUSINESS:

_____

TOTAL NUMBER OF OWNER/ EMPLOYEES THAT:

A. RESIDES ON PREMISE: _____ B. RESIDES OFF PREMISE: _____

WILL PROPOSED USE GENERATE PEDESTRIAN OR VEHICULAR TRAFFIC? YES ☐ NO ☐

WILL PROPOSED USE GENERATE DELIVERY BY MAIL OR COURIER? YES ☐ NO ☐

LIST THE TYPE OF STOCK OR MERCHANDISE TO BE STORED ON THE PREMISE:

_____

_____

WHAT TYPE OF BUSINESS ADVERTISING IS PROPOSED? _____

_____

TOTAL SQ FT OF DWELLING UNIT: _____ TOTAL SQ FT OF UNIT DEVOTED TO BUSINESS: _____

NOTE:

1. Applicant should be apprised that he/she should investigate any bill of assurance restrictions placed on this property.
2. Material provided in this application is preliminary and additional information may be requested by the committee.

HOME OCCUPATION ACCESSORY USE CONDITIONS

The following conditions must be strictly adhered to, and any expansion beyond the scope of this approval will be cause for revocation of your accessory use permit.

1. Only 49% or a maximum of 500 square-feet of the principal residential structure can be used for the operation of your business. This shall include telephone, bookkeeping, and office service.
2. Only one (1) service or company vehicle with a capacity of less than one ton can be parked, stored or maintained at this location. The following types of vehicles are expressly prohibited at any time:
    1. All commercial tow vehicles or vehicle carriers.
    2. Dump trucks or trash haulers.
    3. Flat bed or stake bed trucks.
    4. Trailers whose designed intent is storage or transport of material or equipment.
    5. Trucks or buses used in inter or intrastate commerce.
    6. Vans, with a capacity of one (1)-ton or larger, used for other than a private passenger vehicle.
    7. School or church buses or vans one (1)-ton in carrying capacity or greater.
3. No outside storage of equipment or materials is allowed except that material or equipment that is kept on your vehicle.
4. There can be no use of any accessory structure on this property for the use of storage or for the purpose of conducting business.
5. No present or future employees are permitted to report to this location for job assignment or duties on the site.
6. No additional building or remodeling is allowed on this property to accommodate this business.

HOME OCCUPATIONS SHALL BE PERMITTED THAT WILL NOT:

1. Change the outside appearance of the dwelling or provide product display visible from the street.
2. Generate traffic, parking, sewage, or water use in excess of what is normal in the residential neighborhood.
3. Create a hazard to persons or property, result in electrical interference or become a nuisance.
4. Result in outside storage or display of any material or product.
5. Involve accessory buildings.
6. Result in signage beyond that which may be required by other government agencies.
7. Limited to 500 square-feet in area, but in no case more than 49% of the total area in a dwelling.
8. Stock in trade shall not exceed 10% of the floor area of the accessory use.
9. Require the construction of, or the addition to, the residence of duplicate kitchens.
10. Require or cause the use or consumption on the premises of any food product produced thereon.
11. Provide medical treatment, therapeutic massage or similar activities.

THIS IS TO CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE RESTRICTION ON THE USE OF MY RESIDENCE FOR A HOME OCCUPATION.

_____ _____

APPLICANTõS SIGNATURE DATE

DISPOSITION OF APPLICATION: APPROVED DISAPPROVED

_____ _____

INSPECTORõS NAME PROPERTY ZONED