

**City of Little Rock**  
**Monthly Franchise Fee Remittance Form**  
**Local Service Telecommunication Providers**

Business Name:

Business Address:

Mailing Address:

Phone Number:

Email Address:

Account #:

Remittance for month ending:

A. Enter total access line revenues. If zero, enter 0.

B. Line A multiplied by .0732 =

C. Franchise fee owed to City of Little Rock

Date

Signature of duly authorized company representative

Print Signature Name

Title

Send Remittance and correspondence to:

Treasury Management Division  
Kimberly Ransom  
500 West Markham, Room 100  
Little Rock, AR 72201  
Phone: (501) 918-5207  
Fax: (501) 371-4783  
Email: [kransom@littlerock.org](mailto:kransom@littlerock.org)  
Website: [www.littlerock.org](http://www.littlerock.org)

**City of Little Rock  
Monthly Franchise Fee Remittance Form  
Long Distance Providers**

Business Name:

Business Address:

Mailing Address:

Phone Number:

Email Address:

Account #:

Remittance for month ending:

A. Enter # of long distance minutes. If zero, enter 0.

B. Line A multiplied by .004 =

C. Franchise fee owed to City of Little Rock

Date

Signature of duly authorized company representative

Print Signature Name

Title

Send Remittance and correspondence to:  
Treasury Management Division  
Kimberly Ransom  
500 West Markham, Room 100  
Little Rock, AR 72201  
Phone: (501) 371-4648  
Fax: (501) 371-4783  
Email: [kransom@littlerock.org](mailto:kransom@littlerock.org)  
Website: [www.littlerock.org](http://www.littlerock.org)

## Important Information

### Remittance

Please complete a Remittance Form each month to accompany your franchise fee payment. If your gross receipts for the month are zero, a remittance form is still necessary. We suggest that you keep a copy of each completed remittance for your records.

Remit an original form properly signed by a duly authorized company representative. If you are sending it via email, please remit with an electronic signature.

If you need additional forms, you may access the form at [www.littlerock.org](http://www.littlerock.org) or call (501) 918-5207 to request that a form be mailed or faxed.

Please make check payable to City of Little Rock and mail to:

City of Little Rock  
Treasury Management Division  
500 West Markham, Room 100  
Little Rock, AR 72207

Phone: (501) 918-5207  
Fax: (501) 371-4783  
Email: [kransom@littlerock.org](mailto:kransom@littlerock.org)

We strongly suggest you fill out the interactive remittance form and email it to the address listed above.

Amount: The Monthly Long Distance Providers Franchise Fee is \$.004 per minute for toll calls charged to a service address within the corporate limits of City of Little Rock, Arkansas.

Amount: The Monthly Local Service Telecommunication Providers Franchise Fee is 7.32% of the company's access line billing revenues for that particular month.

Payment Due Date: Franchise fees shall be payable on a monthly basis, and shall be due and payable on the fifteenth (20<sup>th</sup>) day of the month immediately following the month in which collection services were provided.

Audits: The City reserves its authority to inspect, audit and examine your records.