



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 OWNER'S NAME: _____ PHONE: _____ FAX: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DRIVER'S 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 OWNER'S 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: _____