



Treasury Management Division

100 City Hall
500 West Markham Street
Little Rock, AR 72201-1497

Phone: 501-371-4645
Phone: 501-371-4438
Fax: 501-371-4569

Acct #: \_\_\_\_\_

NB #: \_\_\_\_\_

Class: \_\_\_\_\_

Amt Due: \_\_\_\_\_

APPLICATION FOR BUSINESS LICENSE

THIS FORM WILL BE USED TO CALCULATE AND ASSESS THE AMOUNT OF TAXES 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, SIGN & PROTECTIVE CODES DIVISION LOCATED AT 723 WEST MARKHAM STREET, 501-371-4844. TO FAX APPLICATION DIRECTLY TO ZONING USE 501-371-6863.

APPLICATION FOR A HOME-BASED BUSINESS MUST BE MADE IN PERSON AT THE ZONING OFFICE, LOCATED AT 723 W. MARKHAM STREET.

- A. CHECK ONE: NEW BUSINESS CHANGE OF OWNERSHIP CHANGE OF ADDRESS (EXISTING BUSINESS)
B. CHECK ONE: SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC OTHER
C. DATE THAT BUSINESS BEGAN OPERATION AT THE ADDRESS LISTED ON LINE xxx OR DATE OF OWNERSHIP CHANGE:
D. NAME OF BUSINESS:
E. DBA NAME (IF APPLICABLE):
F. NUMBER OF FULL TIME EMPLOYEES, NOT INCLUDING THE OWNER, WORKING AT LOCATION LISTED ON LINE xxx:
G. PRESENT BUSINESS LOCATION (PO BOX OR PMB# IS UNACCEPTABLE):
CITY, STATE, ZIP: TELEPHONE: FAX:
H. MAILING ADDRESS:
CITY, STATE, ZIP:
I. PREVIOUS BUSINESS LOCATION (FOR CHANGE OF ADDRESS ONLY):
CITY, STATE, ZIP:
J. STATE OF ARKANSAS SALES TAX NUMBER # (REQUIRED IF YOUR BUSINESS CHARGES SALES TAX)
K. OPTIONAL: E-MAIL ADDRESS
L. BUSINESS OWNER'S NAME:
HOME ADDRESS: CITY:
STATE: ZIP: PHONE: FAX: OPTIONAL: RACE: SEX:
M. DESCRIPTION OF BUSINESS:
N. DOES YOUR BUSINESS MAINTAIN INVENTORY? YES\*\*\* NO. IF YES, LIST THE AMOUNT OF BEGINNING INVENTORY:
O. DOES YOUR BUSINESS SELL TOBACCO PRODUCTS? YES NO
P. DOES YOUR BUSINESS SELL ANY TYPE OF ALCOHOLIC BEVERAGE? YES NO
IF YES, YOU MUST EITHER ATTACH COPIES OF YOUR ARKANSAS ABC PERMITS TO THIS APPLICATION OR FAX THEM TO (501) 371-4569.
Q. PROPERTY OWNER'S NAME: PHONE: FAX:
R. ARE YOU CURRENTLY INVOLVED WITH OR DO YOU PLAN ANY CONSTRUCTION OR REMODELING AT THIS LOCATION YES NO
EXPLAIN:
S. DO YOU STORE OR STOCK FLAMMABLE OR EXPLOSIVE MATERIALS? IF YES, NOTE TYPE AND QUANTITIES:

NOTE: A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND VOID AND CONSTITUTE FORFEITURE OF ANY FEES PAID.

SIGNATURE OF OWNER OR REPRESENTATIVE: DATE:

FOR OFFICE USE ONLY:

PROPERTY IS ZONED: APPROVED / DENIED BY: ON:

CONDITIONS OR SPECIAL INSTRUCTIONS:

ZONING OFFICIAL: DATE:

BUILDING OFFICIAL: DATE:

CONTACTED BY: DATE: ACCOUNT#:

PLEASE NOTE:

- 1. IF YOU ARE NO LONGER IN BUSINESS, PLEASE SEND WRITTEN NOTIFICATION TO OUR OFFICE.
2. IF YOUR BUSINESS LOCATION CHANGES, PLEASE COMPLETE AN APPLICATION FOR CHANGE OF ADDRESS.
3. CITATIONS WILL BE ISSUED TO BUSINESSES FAILING TO COMPLY WITH THE BUSINESS LICENSE ORDINANCE.