



City of Little Rock,
500 W. Markham, Suite 100
Little Rock, AR 72201

Account #:

Class:

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 the Zoning, Sign, & Protective Codes Division located at 723 W. Markham Street approves the application. *Applications for businesses operated out of the home must be made in person at 723 W. Markham Street.*

Please check one of the following:

New Business **Actual Business Startup Date:** _____

Change of Ownership **Number of Full Time Employees:** _____

Existing Business, change of Address **Form of Business:**

Corporation **Partnership**

Business Name: _____ **Sole Proprietor**

Owner/Agent: _____ **Other**

Present Business Address: _____ **Mailing Address:**

Add 1: _____ **Add1:**

Add2: _____ **Add2:**

City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

AR Sales Tax # (required): _____ **Description of Business:**

Business Owner: _____ **Property Owner's Name:**

_____ **Optional (For Statistical Purposes Only):**

Home Add: _____ **Male** _____ **Female** _____ **Race:**

City _____ **State** _____ **Zip** _____

Check any of the following that apply:

Previous Business Location: _____ **This business sells tobacco.**

Address: _____ **This business sells alcohol.**

City _____ **State** _____ **Zip** _____ **This business maintains inventory**

_____ **Amount of Inventory:**

Are you currently involved with or do you plan any construction or remodeling at this location? Yes _____ No _____

Do you store or stock flammable or explosive materials? Yes _____ No _____

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 _____ **Date:**

or Representative: _____

FOR OFFICE USE ONLY:

Property is zoned:

Proposed use is approved for:

Proposed use is denied because:

Comments:

Zoning Official: _____ **Date:**

Building Official: _____ **Date:**