



CITY OF LITTLE ROCK

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

Telephone: (501) 371-4568
Fax: (501) 371-4569
LRTreasury@littlerock.gov

Rental Registration Business License Application

This application is for owners of 3 or less residential short or long term rental property.

| | |
|----------------------------|---------------------------------------|
| Owner Name: | |
| Owner's Home Address: | |
| City, State, Zip: | |
| Mailing Address: | |
| City, State, Zip: | |
| Phone: | Email: |
| Driver's License Number: | Date of Birth: |
| <u>Optional</u> Gender: | <u>Optional</u> Race/Ethnic Group: |

Instructions

1. List the rental properties you own located within the City of Little Rock City Limits.
2. Short Term rentals are defined as properties rented for 29 days or less at a time.
3. All other properties are considered Long Term rentals.
4. A flat fee of \$35.00 a year will be required.

| Address: Include street number, direction, name, and street type (Dr, St, Ave, Rd, Cir, etc.) | Type (Single family, Duplex, Triplex) | # of Units | Sq. Ft | Short Term Rental? (Y) or (N) | Short Term Rental Owner Occupied? (Y) or (N) |
|---|---------------------------------------|------------|--------|-------------------------------|--|
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I hereby certify that the above information is correct as reported. This form must be signed by the owner, agent, or manager of the business and is subject to audit by the Treasury Management Division.

Signature _____ Date _____

Mail to: City of Little Rock Treasury or Email to: LRTreasury@littlerock.gov
500 West Markham St. Room 100
Little Rock, AR 72201