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APPLICATION FOR BUSINESS LICENSE

VJ KU'HQTO "Y KNN'DG"WUGF "VQ"ECNEWNC VG"CP F "CUUGUU'VJ G"CO QWP V"QH'HGGU'F WG0"C "DWURP GUU'NKEGP UG"ECP P QV"DG" KUWGF "HQT"C"P GY "DWUR GUU"QT"HQT"C"EJ CPI G"QH"NQECVIQP "WP VKN"VJ KU"HQTO "KJ"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.

HOT'S WCI MOP I I'C DOW'VL II I'C RRNIF C VIOP "F C NN. "501-371-4645" OT "501-371-44438"

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		•	S, NOT THE INCORPORATION, CONTRACT, OR SETUP DATE.	
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	*IF YOUR BUSINESS IS HOME-BASED, YOU MUST ALSO COMPLETE THE HOME OCCUPATION ACCESSORY USE APPLICATION.			
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PLEASE		1 Q VO V[NO(S WC1 VIVIOCAAAAAAAAA	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	
1.	<u></u>	I ONCED IN RUSINESS WRITTEN NOTIFIC	CATION MUST BE SUBMITTED TO OUR OFFICE.	
2.		•	ON FOR CHANGE OF ADDRESS MUST BE APPROVED.	
3.		,	COMPLY WITH THE BUSINESS LICENSE ORDINANCE.	
4.			LKE THE LICENSE NULL AND CONSTITUTE FORFEITURE OF	
	ANY FEES PAID	"		
5.		ESS SELLS FOOD OR IF YOU'RE IN THE 1 AND PROMOTION 2% TAX: CALL 501-370-	LODGING BUSINESS, YOU MAY BE REQUIRED TO PAY THE 3205 TO INQUIRE"	
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HOME OCCUPATION ACCESSORY USE APPLICATION COMPLETE THIS FORM IN ADDITION TO THE REGULAR APPLICATION IF YOU ARE A HOME BASED BUSINESS

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" VQVCN'I	WO DGT'QH'QY PGTI'GO RNQ[GGU'VJ CV<'
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" Y KNN'RI	QRQUGF "WUG"I GPGTCVG"RGFGUVTKCP"QT"XGJKEWNCT"VTCHHKEA"'''''''''[GU"''''''''''''''''''''''''''
" Y KNN'RT	QRQUGF "WUG"I GPGTCVG"FGNKXGT["D["OCKN"QT"EQWTKGTA""""" GU"""""PQ"
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" NOTE:	
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_	CCUPATION ACCESSORY USE CONDITIONS
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	TO CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE RESTRICTION ON THE USE OF DENCE FOR A HOME OCCUPATION.
	CDDNIECD VANIE D CAMEC
"	CRRNÆCP VøU'UK P C VWTG F C VG"

 $\label{eq:continuous} F \text{ KLRQUKVKQP } \text{"QH'CRRNKECVKQP} < \text{"""CRRT QXGF """"F KLCRRT QXGF """"F KLCRRT QXGF """"" }$