



NEW BUSINESS AND RENEWAL PERMIT APPLICATION

ORDINANCE # 1811 AND 1915

Application Date: _____

Check one: New Business Old Business Change of Address (existing business)

Check one: Sole Proprietor Partnership Corporation LLC Other

Date that Business began operation at the address listed or date of ownership change: _____

Business Name: _____

D/B/A Name (if applicable): _____

Number of Employees: _____ Approximate SQ FT of BLDG: _____

Physical Business Location: _____

Phone Number: _____ Fax #: _____

Business Mailing Address (if different from Location): _____

State of Arkansas Tax ID (if Applicable): _____ Federal Tax ID (if Applicable): _____

Business Owner Name: _____ **Drivers License #:** _____

Business Owner(s) Home Address: _____

Business Phone #: _____ email address: _____

Property Owner(s) Name: _____ Title: _____

Contact Person's Name if Company: _____

Description of Business: _____

Will your Business:		
Serve Alcoholic Beverages	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Attach copy of ABC Permit)
*See City Ordinances: Private Club/Restaurant Ordinance 1278 and 1811. There are additional fees that apply		
Be a Sexually Oriented Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Be a Scrap Metal or Junk Yard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Be a food Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Be a Flea Market	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Indoor or Outdoor)
Be a Child Care Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Store Flammable or explosive material	Yes <input type="checkbox"/>	No <input type="checkbox"/> What Type of Material?
Store Hazardous Material	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amusement/Gaming Machines/Devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is this Business different from the previous business at this location? Yes No

Previous use of structure where your business is to be located? _____

Will there be any construction or modification to the Building? Yes No

Description of Modification: _____

Location of business activity? _____

I, the undersigned, understand the Business Permit is for Registration purposes only and does not waive compliance for any Federal, State, County, City Laws or Ordinances. Also it is the sole responsibility of the Applicant in writing to supply this office with any and all changes in information pertaining to their application. A false state or misrepresentation may make the license null and void and constitute forfeiture of paid fee. If running more than one business out of the same structure, I understand I am required to fill out a separate application for each business. I understand that citations shall be issued to businesses failing to comply with the Business Permit Ordinance. It is the sole responsibility for the Business Owner to renew the permit when it expires on December 31st of each year.

Signature of Business Owner(s) or Representative _____
Date

Fee Schedule: (permit required for each location)

Number of Employees:	Fee		Number of Employees:	Fee
0 - 3	\$ 25.00		26 - 99	\$ 200.00
4 - 10	\$ 50.00		100 +	\$ 400.00
11 - 25	\$ 100.00		* 2 part time employees will be counted at 1 employee	

Establishments in that serve alcohol the fee shall be based on the table above and also an additional \$500.00 for the permit fee. Also Ordinance 1915 and 1278 sets a fee of 5% based on the Alcohol sales you report each month to the State be remitted to the City plus a \$750 annual fee. Annual fees due by January 1st of each year. Contact the City Finance Department at 479-968-2098.

Application Due on or before January 31st.

Applications received during the month of February are assessed a 10% late fee. Applications received on or after March 1st will be assessed a 30% late fee.

FOR OFFICIAL USE ONLY:

Zoning of Property: _____ ToP Category: _____
 Special Use Permit Required? _____

Approval:

 Planning and Development Director Signature:

 Date: