

BUSINESS PERMIT APPLICATION
CITY OF RUSSELLVILLE, ARKANSAS
203 SOUTH COMMERCE, RUSSELLVILLE, AR 72801
PHONE: 479-968-1002 FAX: 479-968-4327

- A. Check One: New Business Old Business 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 G or Date of Ownership change:

D. Business Name: _____ Date: _____

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

F. Number of Employees: _____ Approx. SQ FT. of Bldg _____

G. Physical Business Location: _____

Telephone #: _____ Fax #: _____

H. Business Mailing Address (if different from location) _____

I. State of Arkansas Sales Tax number (if applicable): _____
Federal Tax # (if applicable) _____

J. Business Owner(s) Name: _____ Drivers Lic. #: _____

K. Business Owner(s) Home address: _____ City: _____ State: _____
Zip _____ Phone # _____

L. Property Owners Name: _____ Title: _____

Contact Person's name if Company: _____

M. Description of Business: _____

N. Will your Business:

- | | | | |
|--|-----------|----------|-----------------------------|
| 1. Sell Alcoholic Beverages | Yes _____ | No _____ | (Attach copy of ABC Permit) |
| 2. Be a sexually Oriented Business | Yes _____ | No _____ | |
| 3. Be a Scrap Metal or Junk Yard | Yes _____ | No _____ | |
| 4. Be a Food Service | Yes _____ | No _____ | |
| 5. Be a Private Club | Yes _____ | No _____ | |
| 6. Be a Flea Market | Yes _____ | No _____ | (indoor or outdoor) |
| 7. Be a Child Care Service | Yes _____ | No _____ | |
| 8. Store Flammable or explosive material | Yes _____ | No _____ | (What type of Material) |
| 9. Store Hazardous Material | Yes _____ | No _____ | |

O. Zoning of Property: _____ Special Use Permit Required? _____

P. Is this New Business different from the previous business at this location? _____

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

R. Will there be any construction or modification to the Building? _____

Description of modification: _____

I understand the Business Permit is for Registration purposes only and does not waive compliance for any Federal, State, County or 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 any 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 of Application** _____

Fee Schedule (permit required for each location):

0-3 Employees \$25.00	4-10 Employees \$50.00	11-25 Employees \$100.00
26- 99 Employees \$200.00	100 or more Employees \$400.00	

**Note: 2 part time employees will be counted at 1 employee.

Establishments in the business of selling or serving alcohol shall pay based on the table above and also an additional \$500.00 for the permit fee. Application due on or before January 31st. Applications received after January 31 assessed a 10% late fee after 60 days the late fee shall be 30%.

FOR OFFICIAL USE ONLY

Permit #: _____ Receipt #: _____

Building Official Signature: _____ Date: _____