

**Payable by: Check, Money Order or Credit Card (w/fee)**

**NEW BUSINESS AND RENEWAL PERMIT APPLICATION**

**(Ordinance # 1811 & # 1915)**

CITY OF RUSSELLVILLE

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. Serve Alcoholic Beverages:   | Yes _____ | No _____ | (Attach copy of ABC Permit) |
| See City Ordinances: Private Club/Restaurant Ordinance #1278 and #1811. There are additional fees that apply. |           |          |                             |
| 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 Flea Market   | Yes _____ | No _____ | (Indoor or Outdoor)         |
| 6. Be a Child Care Service  | Yes _____ | No _____ |                             |

7. Store Flammable or explosive material Yes \_\_\_\_\_ No \_\_\_\_\_ (What type of Material)  
 8. Store Hazardous Material Yes \_\_\_\_\_ No \_\_\_\_\_  
 9. Amusement/Gaming Machines/Devices 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? \_\_\_\_\_

S. Location(s) of business activity. \_\_\_\_\_

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 31<sup>st</sup> of each year.

Signature of Business Owner(s) or Representative \_\_\_\_\_ Date: \_\_\_\_\_

**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 that serve alcohol the fee shall be based on the table above and also an additional \$500.00 for the permit fee.** Application due on or before January 31<sup>st</sup>. Applications received after January 31<sup>st</sup> assessed a 10% late fee after (last day of February) 60 days the late fee shall be 30%. **Also Ord. 1915 & 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.** Due by January 1<sup>st</sup> each year. Contact Finance Department 479-968-2098.

**FOR OFFICIAL USE ONLY**

Approval: Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_