



**NEW BUSINESS AND RENEWAL PERMIT APPLICATION**

ORDINANCE # 1811 AND 1915

Application Date: \_\_\_\_\_

Check one:  New Business     Existing 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: