



**CITY OF LITTLE ROCK**  
Finance • Treasury  
Little Rock City Hall  
500 W. Markham St. Room 100  
Little Rock, AR 72201

Account #: \_\_\_\_\_  
Classification: \_\_\_\_\_  
Amount Due: \_\_\_\_\_

## **APPLICATION FOR BUSINESS LICENSE**

THIS FORM WILL BE USED TO CALCULATE AND ASSESS THE AMOUNT OF FEES DUE. A BUSINESS LICENSE CANNOT BE ISSUED FOR A NEW BUSINESS OR FOR A CHANGE OF LOCATION UNTIL THIS FORM IS REVIEWED BY THE ZONING DIVISION AND **APPROVED AT 723 W. MARKHAM STREET**. IF APPLICABLE, THE FIRE DEPARTMENT IS LOCATED AT 624 S. CHESTER, 2<sup>ND</sup> FLOOR. YOU MAY EMAIL THIS APPLICATION TO [LRZONING@LITTLEROCK.GOV](mailto:LRZONING@LITTLEROCK.GOV) TO BEGIN THE APPROVAL PROCESS.

FOR QUESTIONS ABOUT THIS APPLICATION CALL: **501-371-4645** OR **501-371-4438**

FOR QUESTIONS ABOUT ZONING LAWS OR SIGN PERMITS CALL: **501-371-4844**

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TYPE OF APPLICATION:

**NEW BUSINESS**

**CHANGE OF OWNERSHIP**

**EXISTING BUSINESS, CHANGE OF ADDRESS**

A. NAME OF BUSINESS: \_\_\_\_\_

B. ACTUAL BUSINESS STARTUP DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

*\*PLEASE LIST THE DATE THE BUSINESS STARTED OPERATIONS, NOT THE INCORPORATION, CONTRACT, OR SETUP DATE.*

NUMBER OF FULL TIME EMPLOYEES \_\_\_\_\_

C. PRESENT BUSINESS LOCATION (DO NOT USE A PO BOX) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

*\*IF YOUR BUSINESS IS HOME-BASED, YOU MUST ALSO COMPLETE THE HOME OCCUPATION ACCESSORY USE APPLICATION.*

D. E-MAIL ADDRESS (REQUIRED): \_\_\_\_\_

E. MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

F. PREVIOUS BUSINESS LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

G. BUSINESS OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVER'S LICENSE NUMBER (REQUIRED): # \_\_\_\_\_ DATE OF BIRTH (REQUIRED): \_\_\_\_\_

H. GENDER \_\_\_\_\_ RACE/ETHNIC GROUP \_\_\_\_\_

I. DESCRIPTION OF BUSINESS: \_\_\_\_\_

DOES YOUR BUSINESS MAINTAIN INVENTORY?  YES  NO

\*\*\*IF YES, LIST THE AMOUNT OF BEGINNING INVENTORY: \_\_\_\_\_

DOES YOUR BUSINESS SELL ANY TYPE OF ALCOHOLIC BEVERAGE?  YES  NO

\*\*\*IF YES, WHAT TYPE OF STATE PERMIT \_\_\_\_\_

DOES YOUR BUSINESS SELL TOBACCO PRODUCTS?  YES  NO

J. PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

K. ARE YOU CURRENTLY INVOLVED WITH OR DO YOU PLAN ANY CONSTRUCTION OR REMODELING AT THIS LOCATION  YES  NO

EXPLAIN: \_\_\_\_\_

L. DO YOU STORE OR STOCK FLAMMABLE OR EXPLOSIVE MATERIALS?  YES  NO

\*\*\*IF YES, NOTE TYPE & QUANTITIES: \_\_\_\_\_

**PLEASE NOTE:**

1. IF YOU ARE NO LONGER IN BUSINESS, WRITTEN NOTIFICATION MUST BE SUBMITTED TO OUR OFFICE.
2. IF YOUR BUSINESS LOCATION CHANGES, AN APPLICATION FOR CHANGE OF ADDRESS MUST BE APPROVED.
3. CITATIONS WILL BE ISSUED TO BUSINESSES FAILING TO COMPLY WITH THE BUSINESS LICENSE ORDINANCE.
4. IF YOUR BUSINESS SELLS FOOD OR IF YOU'RE IN THE LODGING BUSINESS, YOU MAY BE REQUIRED TO PAY THE ADVERTISING AND PROMOTION TAX: CALL **501-370-3205** TO INQUIRE
5. BY SUBMITTING THIS APPLICATION YOU AGREE THAT YOU ARE OPERATING IN THE CITY OF LITTLE ROCK AND ARE ENTERING INTO A LEGAL AGREEMENT BETWEEN YOU AND THE CITY IN WHICH FEES WILL BE REQUIRED.

SIGNATURE OF OWNER OR RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

\*\*\*\*\*  
**FOR ZONING OFFICE USE ONLY:**

PROPERTY IS ZONED: \_\_\_\_\_

PROPOSED USE **IS APPROVED** FOR \_\_\_\_\_

PROPOSED USE **IS DENIED** BECAUSE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

ZONING OFFICIAL \_\_\_\_\_

BUILDING OFFICIAL \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR FIRE MARSHALL USE ONLY:**

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FIRE MARSHALL OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

## **HOME OCCUPATION ACCESSORY USE APPLICATION**

COMPLETE THIS FORM IN ADDITION TO THE REGULAR APPLICATION IF YOU ARE A HOME BASED BUSINESS

## NOTE:

30 Crr rlecpv'lj qwf 'dg'cr r tkgf 'j' cvj g luj g'lj qwf 'lpqgunki cvg'ep { "dkn'lqi'cuuwtcpieg"t gntlevkqpu'r neefg' "qp" 'j' ku'r tqr gt v' 0'  
40 O cvgtkcn'l t qxkif gf 'kp' 'j' ku'r cr r hecvkqp'ku'r t gntk lpcf { "epf" 'cf f kskqpcnlphqto cvkqp"o c { "dg"tgs wguugf "d{ "j' g"eqo o kwggo'

## **HOME OCCUPATION ACCESSORY USE CONDITIONS**

Vj g'hqmqy lpi "eqpf lkqpu'o wu'dg 'utlev\ "cf j gtgf "q."cpf "cp{ "gxr cpukp"dg{ qpf "j g'ueqr g'qh'j k'u'cr r tqxcr'y kn'dg"ecwug'hqt" tgxqec\kqp "qh"\ qwt"ceeguutq{ "wug'r gto k0"

## **HOME OCCUPATIONS SHALL BE PERMITTED THAT WILL NOT:**

30 Ej cpi g'jy g'qwukf g'ctr r gctcpeqg'qh'y g'fy g mnkpi "qt'r t qxkf g'r tqf we'f kur rc{ 'xkukdng'lhqo 'yj g'utggv'0  
40 I gpgtcvg'vchhle.'r ctnkpi . 'ugy ci g."qt'y cvgt'wug'lp'gzeugu'qh'y j cvku'pqt o cni'lp'yj g'tgukf gpv'ci'pgki j dqtj qqf 0'  
50 Etgcvg'c'j c l ctf "q'y r tguqpu'qt'r tqr gtv' . "tguwn'lp'grgev'kclcrp'vgthgtgpeg"qt'dgeqo g'c'pwukcpeg0'  
60 Tguwn'lp'qwukf g'wutqci g"qt'f kur rc{ 'qh'cp{ "o cvgtcln'qt'r tqf we'f0'  
70 Kpxqmk'g'ceeguuqt{ 'dwkf lpi u0'  
80 Tguwn'lp'ukl pci g'dg{ qpf "jy cvly k lej "o c{ "dg'tgs wktgf "d{ "qjy gt'i qxgtpo gpv'ci gpekgu'0  
90 Nlo kygf "q'722'us wctg/hgvg'lp'ctgc. "dw'l'p'pq'ecug'o qtg"jy cp'6; ' "qh'y g'vqcn'ctgc"lp'c"fy g mnkpi 0'  
:0 Uqeml'p'vctcf g'uj cm'pql'gzeeggf '32' "qh'y g'hmqqt'ctgc'qh'y g'ceeguuqt{ 'wug'0  
;0 T gs wktg"jy g'eqputwv'kqp'qh"qt'jy g'cf f kkpqf "q. "jy g'tgukf gpeg"qh'f wr klcvg'hkej gpv'0  
320 T gs wktg"qt'ecwug"jy g'wug"qt'eqpuwo r v'kqp'qp"jy g'r tgo kugu'qh'cp{ 'hqqf 'r tqf we'f t qf wegf 'jy gtgqp'0  
330 Rtqxf'g'o gf lecr'l'tgcv' gpv."jy gctr gwke'o cuuci g"qt'uklo krt'cevkxkkgu'0

**THIS IS TO CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE RESTRICTION ON THE USE OF  
MY RESIDENCE FOR A HOME OCCUPATION.**

CRRNKECP Vol UK PCWWTG

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FCVG"

F KUROUKVIOP 'OH'CRRNKECVIOP <----- CRRTOXGF ----- F KUCRRT OXGF