



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, 2ND FLOOR. YOU MAY EMAIL THIS APPLICATION TO 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**

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 _____ <i>*PLEASE LIST THE DATE THE BUSINESS STARTED OPERATIONS, NOT THE INCORPORATION, CONTRACT, OR SETUP DATE.</i> NUMBER OF FULL TIME EMPLOYEES _____		
C.	PRESENT BUSINESS LOCATION (DO NOT USE A PO BOX) _____ CITY: _____ STATE _____ ZIP _____ PHONE: _____ FAX: _____ <i>*IF YOUR BUSINESS IS HOME-BASED, YOU MUST ALSO COMPLETE THE HOME OCCUPATION ACCESSORY USE APPLICATION.</i>		
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

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P CO G'QHDWUR GUU<aaa"
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QY P GT'QHDWUR GUU<aaa"
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CF F T GUU'QHDWUR GUU<aaa"
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RTQRGT V\ "QY P GF "D\ <aaa"
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CF F T GUU'QHRTQRGT V\ "QY P GT <aaa"
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F GUETRVQIP "QHDWUR GUU'QT'UGTXIEG'CEVKK\ "QHHTGF "D\ "VJ KU'DWUR GUU<"
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VQVCN'P WO DGT'QH'QY P GT I'GO RNQ\ GGU'VJ CV<"
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CO'TGUR GU'QP "RT GO KUG<aaaaaaa "*****"DOTGUR GU'QHHTRTGO KUG<aaaaaaa"
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Y KNN'RTQRQUGF "WUG'I GP GT C'VG'RGF GUVTKCP "QT'XGI IEWNCT"VTCHHEA*****\ GU*****P Q"
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Y KNN'RTQRQUGF "WUG'I GP GT C'VG'F GN>\ "D\ "O CKN'QT'EQWTKGT A*****\ GU*****P Q"
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NOTE:
30 Crr r n e c p v'uj q w f "d g'c r r t k u g f "y c v j g l u j g'uj q w f "l p x g u k i c v g{ "d k n i'q h'c u u w t c p e g't g u t l e v k p u'r n e g f "q p'y k u'r t q r g t v{ O'
40 O c v g t k e n i'r t q x k f g f "l p'y k u'r c r r n e c v k p'k u'r t g n k o l p c t{ "c p f "c f f k k q p c n l p h q t o c v k p'o c{ "d g't g s w g u g f "d{ "y g'e q o o k w g g O'

HOME OCCUPATION ACCESSORY USE CONDITIONS

Vj g'hqmqy kpi 'eqpf kkpqu'bo wuv'dg'vntlevn\ 'cf j gtgf "q."cpf "cp{ "gzi cpukqp'dg{ qpf "y g'ueqr g'qh'y ku'cr r tqxcn'y knidg'ecwug'hqt" t g x q e c v k p'q h' { q w t "c e e g u u q t { "w u g'r g t o k O'
30 Qpn\ '6; ' "qt'c'o czko wo "qh'722'us wctg/hggv'qh'y g'r tlpek crlt gukf gpvkn'vntwewt g'ecp'dg'wugf 'hqt'y g'qr gtcvkp'qh' { qwt "dwukpguO'Vj ku'uj cni\penwf g'vgnr j qpg."dqqmnggr kpi ."cpf "qh'leg'ugtxlegO'
40 Qpn\ 'qpg"*3+ugtxleg'qt'eqo r cp{ 'xgj leng'y kj "c'ecr cek\ 'qh'hgu'y cp'qpg'vqp'ecp'dg'r ctngf ."uqtgf "qt'b c k p v c k p g f "c v'uj k i' m e c v k p O'Vj g'hqmqy kpi "v\ r gu'qh'xgj lengu'ctg'gzi tguun\ 'r tqj kdkgf 'cv'cp{ 'vko g<"
30 Cn'eqo o gtekn'qy "xgj lengu'qt'xgj leng'ectltgtuO'
40 F wo r "tvemi'qt'vcuj "j cwrgtuO'
50 Hrcv'dgf "qt'vucng'dgf 'tvemiO'
60 Vtckgtu'y j qug'f guki pgf "lpvgpv'ku'vqtci g'qt'vcpur qt v'qh'o cvgtkcn'qt'gs wkr o gpvO'
70 Vtsemi'qt'dwugu'wugf "lp'lpvgt'qt'lpvtcuvcg'eqo o gtegO'
80 Xcpu'y kj "c'ecr cek\ 'qh'qpg"*3+qvp'qt'rti gt."wugf 'hqt'qy gt'yj cp'c'r tkxcvg'r cuugpi gt'xgj lengO'
90 Uej qqn'qt'ej vtej "dwugu'qt'xcpu'qpg"*3+qvp'lp'ectt { kpi "ecr cek\ 'qt'i tgcvtO'
50 P q'qwuuf g'vqtci g'qh'gs wkr o gpv'qt'o cvgtkcn'ku'cmny gf "gzegr v'y cv'o cvgtkcn'qt'gs wkr o gpv'y cv'ku'hgr v'qp" { qwt'xgj lengO'
60 Vj gtg'ecp'dg'pq'wug'qh'cp{ "ceeguuqt { 'vntwewt g'qp'y ku'r tqr gt v\ 'hqt'y g'wug'qh'vqtci g'qt'hqt'y g'r wtr qug'qh'eqpf wevpi "dwukpguO'
70 P q'r t g u g p v'q t' h w w t g'g o r n j { g g u'c t g'r g t o k w g f "q't g r q t v'q'y k u'i n e c v k p' h q t' l q d'c u u k i p o g p v'q t' f w k g u'q p'y g'u k g O'
80 P q'c f f k k q p c n i' d w k f k p i "q t' t g o q f g r k p i "k u'c m n y g f "q p'y k u'r t q r g t v\ "q'c e e q o o q f c v g'y k u'd w u k p g u O'

HOME OCCUPATIONS SHALL BE PERMITTED THAT WILL NOT:

30 Ej cpi g'y g'qwukf g'cr r gctcpeg'qh'y g'f y gmkpi "qt'r tqxkf g'r tqf wev'f kur n{ 'xkukng'ltqo "y g'vntggvO'
40 I gpgtcvg'vchle."r ctnkpi ."ugy ci g."qt'y cvgt'wug'lp'gzegu'qh'y j cv'ku'pqto cnlp'y g'tgukf gpvkn'pgki j dqtj qqf O'
50 Etgcvg'c'j c\ ctf "q'r gtuqpu'qt'r tqr gt v\ ."tguwn'lp'grgevtcknlpvgthgtgpeg'qt'dgeqo g'c'pwkucpegO'
60 Tguwn'lp'qwukf g'vqtci g'qt'f kur n{ "qh'cp{ 'o cvgtkcn'qt'r tqf wevO'
70 Kpxqrkg'ceeguuqt { 'dwkf kpi uO'
80 Tguwn'lp'uki pci g'dg{ qpf "y cv'y j lej "o c{ "dg'tgs wktgf "d{ 'qy gt'i qxgtpo gpv'ci gpekguO'
90 Nko kgf "q'722'us wctg/hggv'lp'ctgc."dw'lp'pq'ecug'o qtg'y cp'6; ' "qh'y g'vqcn'ctgc'lp'c'f y gmkpi O'
: 0 Uqenilp'vctf g'uj cni\pqv'gzeggf "32' "qh'y g'hmq'ctgc'qh'y g'ceeguuqt { 'wugO'
; 0 Tgs wktg'y g'eqpuv'wevqp'qh'qt'y g'c f f k k q p "q."y g't gukf gpeg'qh'f wr n e c v g'h k e j g p u O'
320 Tgs wktg'qt'ecwug'y g'wug'qt'eqpuwo r v k p'q p'y g'r t g o k u g u'q h'c p { "h q q f' r t q f w e v' r t q f w e g f "y g t g p p O'
330 Rtqxf g'o gf kcn'vtgcwo gpv'y gtrc gwke'o cuuci g'qt'uko krt"cevxkkguO'

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

CRRNECP VdU'UK P CVWTG

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