



Business License

Application

Application can be found at <http://www.tontitown.com/>

Business License #: _____

Amount Due: \$ _____

Receipt #: _____

THIS FORM WILL BE USED TO CALCULATE AND ASSESS THE AMOUNT OF TAXES DUE. A BUSINESS LICENSE CANNOT BE ISSUED FOR A NEW BUSINESS OR FOR A CHANGE OF LOCATION UNTIL THIS FORM IS APPROVED BY THE PLANNING DEPARTMENT. APPLICATION FOR A HOME-BASED BUSINESS MUST BE MADE IN PERSON ON A SEPARATE FORM AT THE PLANNING OFFICE.

A. CHECK ONE: NEW BUSINESS RENEWAL CHANGE OF OWNERSHIP
 CHANGE OF OCCUPANCY CHANGE OF USE 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 H OR DATE OF OWNERSHIP CHANGE: _____

D. NAME OF BUSINESS: _____

E. DBA NAME (IF APPLICABLE): _____

F. NUMBER OF FULL TIME EMPLOYEES (INCLUDING OWNER) WORKING 25 HRS OR MORE PER WEEK AT LOCATION LISTED ON LINE H: _____

G. (If Applicable) RESTAURANTS ONLY: Number of Seats: _____ STORAGE BUILDINGS ONLY: Number of Units: _____

H. PHYSICAL BUSINESS LOCATION (PO BOX OR PMB# IS UNACCEPTABLE): _____

I. CITY, STATE, ZIP: _____ TELEPHONE: _____ FAX: _____

J. MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

K. PREVIOUS BUSINESS LOCATION (FOR CHANGE OF ADDRESS ONLY): _____

L. CITY, STATE, ZIP: _____

M. ARKANSAS SALES TAX #: _____ (IF YOUR BUSINESS CHARGES SALES TAX) FEDERAL TAX ID #: _____

N. E-MAIL ADDRESS _____ WEBSITE _____

O. BUSINESS OWNER'S NAME: _____

P. HOME ADDRESS: _____ CITY: _____

Q. STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ OPTIONAL: RACE: _____ SEX: _____

R. DESCRIPTION OF BUSINESS: _____

S. DOES YOUR BUSINESS MAINTAIN INVENTORY? YES*** NO. IF YES, LIST THE AMOUNT OF BEGINNING INVENTORY: _____

T. DOES YOUR BUSINESS SELL TOBACCO PRODUCTS? YES NO

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

V. IF YES, YOU MUST EITHER ATTACH COPIES OF YOUR ARKANSAS ABC PERMITS TO THIS APPLICATION OR FAX THEM TO (501) 421-8774.

W. PROPERTY OWNER'S NAME: _____ PHONE: _____ FAX: _____

X. MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

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

Z. EXPLAIN: _____

AA. DO YOU STORE OR STOCK FLAMMABLE OR EXPLOSIVE MATERIALS? IF YES, NOTE TYPE AND QUANTITIES: _____

NOTE: A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND VOID AND CONSTITUTE FORFEITURE OF ANY FEES PAID.

SIGNATURE OF OWNER OR REPRESENTATIVE: _____ DATE: _____

Staff Use Only	Date Submitted: _____ Zoning _____
	The proposed use is in compliance with the Tontitown's Zoning Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Building has backflow preventer: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Application information is accurate: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, new application must be submitted) Date of Occupancy Inspection: _____
	Inspection Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for disapproval: _____
	Inspector Name _____ Fire Official Name _____



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City of Tontitown Requirements for Business - Certificate of Occupancy

- Address posted** - 6"-8" numbers in contrasting colors visible from street.
- Fire extinguishers** - Minimum 10 lb., adequate number, inspected, tagged and mounted with sign.
- Occupant Load** - Sign posted.
- Exits** - Marked with lighted AC/DC signs including emergency lighting. Unlocked at all times.
- Electrical Panel** - Accessible, all circuits clearly labeled, no unprotected openings inside panel.
- Electrical Covers** - All switches, receptacles and junction boxes must have covers.
- GFI Receptacles** - All receptacles within 3 feet of water must be GFI protected.
- Storage** - Flammables, compressed gas cylinders and combustibles properly stored.
- Handrails** - Handrails and guardrails must be installed where needed.
- Water Heater** - Temperature and pressure relief valve line must be piped outside.
- Heaters** - Must be properly installed.
- Egress** - Paths of egress must be free from obstructions.
- No Smoking Signs** - Posted
- Smoke Detectors** - Mounted and functional.
- Fire Alarm System** - Affidavit provided or current inspection tag.
- Fire Sprinkler System** - Affidavit provided or current inspection tag, including backflow test report.
- Cooking Hood** - Extinguishing system inspected and tagged.
- Backflow Prevention** - Device installed and tested.
- Signs** – Application approved

James Clark – Building Official, 479-263-9216, jclark@tontitown.com

Brett Freeland – Fire Inspector/Code Official, bfreeland@tontitown.com