



# 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. PHYSICAL BUSINESS LOCATION (PO BOX OR PMB# IS UNACCEPTABLE): \_\_\_\_\_

H. CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I. MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

J. PREVIOUS BUSINESS LOCATION (FOR CHANGE OF ADDRESS ONLY): \_\_\_\_\_

K. CITY, STATE, ZIP: \_\_\_\_\_

L. ARKANSAS SALES TAX #: \_\_\_\_\_ (IF YOUR BUSINESS CHARGES SALES TAX) FEDERAL TAX ID #: \_\_\_\_\_

M. E-MAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

N. BUSINESS OWNER'S NAME: \_\_\_\_\_

O. HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

P. STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ OPTIONAL: RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

Q. DESCRIPTION OF BUSINESS: \_\_\_\_\_

R. DOES YOUR BUSINESS MAINTAIN INVENTORY?  YES\*\*\*  NO. IF YES, LIST THE AMOUNT OF BEGINNING INVENTORY: \_\_\_\_\_

S. DOES YOUR BUSINESS SELL TOBACCO PRODUCTS?  YES  NO

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

U. IF YES, YOU MUST EITHER ATTACH COPIES OF YOUR ARKANSAS ABC PERMITS TO THIS APPLICATION.

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

W. MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

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

Y. EXPLAIN: \_\_\_\_\_

Z. 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: \_\_\_\_\_

<b>Staff Use Only</b>	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
	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

**Roger Duncan – Building Official, 479-263-9215, [maintenance@tontitownar.gov](mailto:maintenance@tontitownar.gov)**

**Brett Freeland – Fire Inspector/Code Official, [bfreeland@tontitownar.gov](mailto:bfreeland@tontitownar.gov)**