

City of North Little Rock

Account # _____

Type _____

To be completed by City Clerk's office

BUSINESS LICENSE APPLICATION

Please mail application and fees to:
Diane Whitbey
City Clerk and Treasurer
PO Box 5757
North Little Rock, AR 72119

Questions? Call 501-975-8617

APPLICATION FOR BUSINESS LICENSE

Date: _____, 20____ Tax ID # _____

New Business _____ Change of Ownership _____ Name Change _____ Address Change _____ Existing _____

Corporation _____ Limited Liability Company (LLC) _____ Sole Proprietorship _____ Other _____

Name of Business _____

Physical Address _____ City _____

Business Telephone # _____ State _____ Zip Code _____

Mailing address if different than business location _____

City _____ State _____ Zip Code _____

Business Email or web address _____

Description of Operations _____

Business started: Month _____ Year _____ Number of employees _____

Owner/Highest Officer's Name (Printed) _____

Driver's License # _____ (Attach color copy) Telephone # _____

Owner/Highest Officer's Home Address _____

City _____ State _____ Zip Code _____

Co-Owner/Second Highest Officer's Name (Printed) _____

Telephone # _____ Email _____

Is this business an out of State/City Contractor? Yes _____ No _____

Does this business sell any type of prepared food or beverage? Yes _____ No _____

Does this business sell any type of alcoholic beverages? Yes _____ No _____

Is this business going to be operated out of your home? Yes _____ No _____

Has the Owner/Co-Owner/etc. operated a business in North Little Rock before? Yes _____ No _____

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Business property owned? _____ Or Leased? _____ **If leased, please provide a signed copy of the lease/ rental agreement between the tenant & property owner, along with the property owner's information:**

Property owner's Name _____ Telephone # _____

Inventory

Does this business maintain inventory? Yes ___ No ___

If yes, list your yearly inventory amount below.

If no, Please skip this section and sign below.

Inventory Amount \$ _____

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

I certify that all information stated is true and accurate to the best of my knowledge and belief.

Signed _____
Owner or Authorized Representative

ALL FEES ARE SUBJECT TO VARIABLES/PRO-RATING/ ETC. PLEASE CONTACT THE CITY CLERK'S OFFICE FOR FINAL BUSINESS LICENSE FEE QUOTES BEFORE SENDING PAYMENT. ALL LICENSE FEES ARE NON-REFUNDABLE & BASED ON APPROVAL OF CITY CLERK.

The business/privilege license application will be held in the City Clerk's office for no more than thirty (30) days after the date it is received in the office.

Optional Information:

Is this business Minority Owned? Yes _____ No _____ (If yes, please check type below)

Black American (BL) _____ Asian Indian American (AI) _____ Asian Pacific American (AP) _____

Native American (NA) _____ Hispanic American (HI) _____ Hasidic Jewish American (HS) _____

Small Business Owned? Yes _____ No _____

Woman Owned? Yes _____ No _____

Revised March2017: cityclerkdailyreport/forms petitions/Business License