



**City of Tontitown**  
**235 E Henri De Tonti Blvd.**  
**P.O. Box 305**

**Ph# (479)361-2700 Fax# (501)421-0012**

License#: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Penalty: \_\_\_\_\_  
 Amount Due: \_\_\_\_\_  
 Receipt# : \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Check# \_\_\_\_\_

Form found at [http://www.tontitown.com/pdfs/business\\_licapp.pdf](http://www.tontitown.com/pdfs/business_licapp.pdf)

**APPLICATION FOR BUSINESS LICENSE - rev 2011-05-09**

**THIS FORM WILL BE USED TO CALCULATE AND ASSESS THE AMOUNT OF LICENSE FEE DUE. A BUSINESS LICENSE CAN NOT BE ISSUED FOR A NEW BUSINESS OR FOR A CHANGE OF LOCATION UNTIL THIS FORM IS APPROVED.**

**APPLICATION FOR A HOME-BASED BUSINESS MUST BE MADE IN PERSON ON A SEPARATE FORM AT THE PLANNING DEPT, 155 FANTINEL, SUITE D (LOCATED IN THE WATER DEPT. (479)361-2996).**

- A: CHECK ONE: \_\_\_\_\_ NEW BUSINESS \_\_\_\_\_ RENEWAL \_\_\_\_\_ CHANGE OF OWNERSHIP \_\_\_\_\_ CHANGE OF ADDRESS (Existing Business)
- B: CHECK ONE: \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ OTHER
- C: NAME OF BUSINESS: \_\_\_\_\_
- D: DBA NAME (IF APPLICABLE): \_\_\_\_\_
- E: NUMBER OF FULL TIME EMPLOYEES, NOT INCLUDING OWNER, WORKING AT LOCATION ON LINE G \_\_\_\_\_
- F: (If Applicable) **RESTAURANTS ONLY:** Number of Seats \_\_\_\_\_ **STORAGE BUILDINGS ONLY:** Number of Units \_\_\_\_\_
- G: PHYSICAL ADDRESS OF BUSINESS: \_\_\_\_\_
- H: CITY, STATE, ZIP: \_\_\_\_\_
- I: MAILING ADDRESS: \_\_\_\_\_
- J: CITY, STATE, ZIP: \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_
- K: PREVIOUS BUSINESS LOCATION (FOR CHANGE OF ADDRESS ONLY): \_\_\_\_\_
- L: CITY, STATE, ZIP \_\_\_\_\_
- M: STATE OF ARKANSAS SALES TAX ID# \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_
- N: OPTIONAL: E-MAIL ADDRESS: \_\_\_\_\_
- 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 SELL ANY TYPE OF ALCOHOLIC BEVERAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO
- T: IF YES, ATTACH COPIES OF YOUR ARK. ABC PERMITS TO THIS APPLICATION OR FAX TO (501)421-0012.
- U: PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_
- V: DO YOU STORE OR STOCK FLAMMABLE, HAZARDOUS OR EXPLOSIVE MATERIALS? \_\_\_\_\_ IF YES, NOTE TYPE AND QUANTITIES: \_\_\_\_\_

"BY MY SIGNATURE, I CERTIFY THE NUMBER OF EMPLOYEES TO WHICH THE BASE FEE IS APPLIED IS TRUE AND CORRECT"  
 SIGNATURE OF OWNER OR REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

PROPERTY IS ZONED: \_\_\_\_\_ CHECKED BY GIS OFFICE \_\_\_\_\_ DATE \_\_\_\_\_  
 BUILDING OFFICIAL: \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OR SPECIAL INSTRUCTIONS: \_\_\_\_\_  
 APPLICANT CONTACTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

**PLEASE NOTE:**

1. IF YOU ARE NO LONGER IN BUSINESS, PLEASE SEND WRITTEN NOTIFICATION TO OUR OFFICE.
2. IF YOUR BUSINESS LOCATION CHANGES, PLEASE COMPLETE AN APPLICATION FOR CHANGE OF ADDRESS.
3. CITATIONS WILL BE ISSUED TO BUSINESSES FAILING TO COMPLY WITH THE BUSINESS LICENSE ORDINANCE.