



# Business License

## Application

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

Business License #: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

**A BUSINESS LICENSE CANNOT BE ISSUED FOR A CHANGE OF LOCATION UNTIL THIS FORM IS APPROVED BY CODE ENFORCEMENT. APPLICATION FOR A HOME-BASED BUSINESS MUST BE MADE IN PERSON ON A SEPARATE FORM.**

A. CHECK ONE: ☐ NEW BUSINESS ☐ RENEWAL ☐ CHANGE OF OWNERSHIP ☐ CHANGE OF USE ☐ CHANGE OF ADDRESS  
(FOR AN 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 ATTACH COPIES OF YOUR ARKANSAS ABC PERMITS TO THIS APPLICATION

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: \_\_\_\_\_

<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
	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

Building Inspector, 479-263-9215 – [maintenance@tontitownar.gov](mailto:maintenance@tontitownar.gov)

Fire Inspector, [mramsey@tontitownar.gov](mailto:mramsey@tontitownar.gov)