



Home Occupation License Application

Business License #: _____
Amount Due: \$ _____
Receipt #: _____

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

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) LIVING IN THE HOME AND WORKING 25 HRS OR MORE PER WEEK AT LOCATION LISTED ON LINE H: _____ ***NOTE: ALL EMPLOYEES MUST LIVE IN THE HOME. NO NONRESIDENT EMPLOYEES ALLOWED!**

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: _____

Q. DESCRIPTION OF BUSINESS: _____

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

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

T. EXPLAIN: _____

U. 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
	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 _____	

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 HOME OCCUPATION ORDINANCE.



Home Occupation License

Application

City of Tontitown Requirements for Home Occupation 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.
- 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.
- Signs** – Application approved

Building Inspector, 479-263-9215, maintenance@tontitownar.gov

Fire Inspector, mramsey@tontitownar.gov