

Account # \_\_\_\_\_

Type \_\_\_\_\_

To be completed by City Clerk's office

## City of North Little Rock

### BUSINESS LICENSE APPLICATION

NORTH LITTLE ROCK

Diane Whitbey  
City Clerk and Treasurer  
300 N. Main Street  
North Little Rock, AR 72114

Questions? Call 501-975-8617

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 \_\_\_\_\_

Apt/Suite # \_\_\_\_\_ 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/Local Contact Name (Printed) \_\_\_\_\_

Co-Owner/Local Contact Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 \_\_\_\_\_

Is this business a vacation rental/short-term rental? (less than 30 days) 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 CON-  
TACT 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 \_\_\_\_\_

Forms

*Revised March 2017: cityclerkdailyreport/forms petitions/Business License*