

**OFFICE USE ONLY**

Account Number \_\_\_\_\_

Class Code \_\_\_\_\_



**CITY OF FORT SMITH**  
**BUSINESS REGISTRATION APPLICATION**  
 (PLEASE TYPE OR CLEARLY PRINT **ALL** INFORMATION  
 AND RETURN TO: PLANNING DEPT. 623 GARRISON AVE. FT.SMITH,AR 72901)

APPLICATION ID: \_\_\_\_\_

Business Status     New     Relocating     (Optional) I am a Minority and/or Woman Owned Business. Please include my business in the Minority & Women's Business Directory.

DATE		BUSINESS ADDRESS	
CORPORATE BUSINESS NAME		PREVIOUS BUSINESS ADDRESS	
BUSINESS NAME		MAILING ADDRESS (IF DIFFERENT)	
NAME	<input type="checkbox"/> OWNER <input type="checkbox"/> CEO	EMAIL (optional)	
APPLICANT NAME			
NUMBER OF EMPLOYEES		BUSINESS PHONE	
		CELL PHONE	
ALTERNATE PHONE		FAX NUMBER	
		EMERGENCY PHONE	

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS REGARDING YOUR BUSINESS**

PREVIOUS USE OF STRUCTURE \_\_\_\_\_

PLEASE PROVIDE A **DETAILED DESCRIPTION** OF YOUR BUSINESS INCLUDING A LIST OF THE PRODUCTS OR SERVICES OFFERED

WILL THIS BUSINESS BE OPERATED OUT OF A RESIDENCE (HOME)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS THE PREVIOUS USE OF THIS STRUCTURE A HOUSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A SEXUALLY ORIENTED BUSINESS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A FOOD SERVICE BUSINESS? (REQUIRES HEALTH APPROVAL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A PAWN SHOP? (SEE COLLECTIONS MANAGER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A PRIVATE CLUB? (SEE COLLECTIONS MANAGER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A CHILD CARE SERVICE? (REQUIRES DHS APPROVAL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A FLEA MARKET? _____ INDOOR _____ OUTDOOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL ALCOHOL BE SERVED OR ALLOWED AT THIS BUSINESS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THIS BUSINESS A HUMAN/PET CREMATORIUM? (SEE COLLECTIONS MANAGER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**NOTICE: IF RUNNING MORE THAN ONE BUSINESS OUT OF THE SAME STRUCTURE, YOU ARE REQUIRED TO FILL OUT SEPARATE APPLICATIONS FOR EACH BUSINESS. BUILDING/SIGN PERMITS REQUIRED FOR REMODELING/ADDITIONS AND SIGNS.**

BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS APPLICATION SHALL RESULT IN DENIAL. I FURTHER UNDERSTAND THAT VIOLATION OF ANY LOCAL, STATE, OR FEDERAL LAW, MAINTAINING A NUISANCE OR UNSANITARY PREMISES, OR OPERATING A BUSINESS CONTRARY TO THAT PERMITTED BY THE APPROVED BUSINESS REGISTRATION SHALL BE CAUSE TO REVOKE THE BUSINESS LICENSE.

SIGNATURE \_\_\_\_\_

<input type="checkbox"/> APPLICANT	<input type="checkbox"/> OWNER
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