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			
BUSINESS NAME		PREVIOUS BUSINESS ADDRESS	
NAME	☐ OWNER ☐ CEO	MAILING ADDRESS (IF DIFFERENT)	
APPLICANT NAME		EMAIL (optional)	

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)?	☐ YES	☐ NO
WAS THE PREVIOUS USE OF THIS STRUCTURE A HOUSE?	☐ YES	☐ NO
WILL THIS BE A SEXUALLY ORIENTED BUSINESS?	☐ YES	☐ NO
WILL THIS BE A FOOD SERVICE BUSINESS? (REQUIRES HEALTH APPROVAL)	☐ YES	☐ NO
WILL THIS BE A PAWN SHOP? (SEE COLLECTIONS MANAGER)	☐ YES	☐ NO
WILL THIS BE A PRIVATE CLUB? (SEE COLLECTIONS MANAGER)	☐ YES	☐ NO
WILL THIS BE A CHILD CARE SERVICE? (REQUIRES DHS APPROVAL)	☐ YES	☐ NO
WILL THIS BE A FLEA MARKET? _____INDOOR _____ OUTDOOR	☐ YES	☐ NO
WILL THERE BE LIQUOR SALES AT THIS BUSINESS? (SEE COLLECTIONS MANAGER)	☐ YES	☐ NO
IS THIS BUSINESS A HUMAN/PET CREMATORIUM? (SEE COLLECTIONS MANAGER)	☐ YES	☐ 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.

SIGNATURE _____

Print Form

☐ APPLICANT ☐ OWNER