



**CITY OF FORT SMITH**

BUSINESS REGISTRATION APPLICATION  
 PLANNING DEPT. 623 GARRISON AVE. FT. SMITH  
 ARKANSAS Mail to: P.O. Box 1908 Fort Smith, AR. 72902  
 EMAIL TO: businesslicense@fortsmithar.gov

TYPE OR PRINT  
 NEATLY

FILL APPLICATION  
 COMPLETELY

1. All businesses complete this page.
2. Residential locations inside city limits, also complete home based business application.

|  |        |   |      |                             |  |    |     |
|--|--------|---|------|-----------------------------|--|----|-----|
| <input type="checkbox"/> I AM A NEW BUSINESS   |        | <input type="checkbox"/> I AM RELOCATING AN EXISTING BUSINESS |      |                             | <input type="checkbox"/> I AM CHANGING OWNERSHIP |    |     |
| DATE   |        | NUMBER OF EMPLOYEES   |      | Email                       |  |    |     |
| BUSINESS ADDRESS   | STREET |   |      | CITY                        |  | ST | ZIP |
| BUSINESS NAME  |        |   |      | NAICS CODE                  |  |    |     |
| CORPORATE NAME   |        |   |      |                             |  |    |     |
| STATE TAX ID   |        |   |      | EIN                         |  |    |     |
| LICENSE HOLDERS NAME   | FIRST  | MID   | LAST |                             | OWNER OR CEO                                     |    |     |
| APPLICANT NAME   | FIRST  | MID   | LAST |                             |  |    |     |
| BUSINESS PHONE   |        |   |      | CELL PHONE/EMERGENCY NUMBER |  |    |     |
| MAILING ADDRESS  | STREET |   |      | CITY                        |  | ST | ZIP |
| PREVIOUS BUSINESS ADDRESS  | STREET |   |      | CITY                        |  | ST | ZIP |
| PREVIOUS USE OF STRUCTURE  |        |   |      |                             |  |    |     |
| PROVIDE A DETAILED DESCRIPTION OF YOUR BUSINESS INCLUDING A LIST OF THE PRODUCTS OR SERVICES OFFERED<br><br><br> |        |   |      |                             |  |    |     |
| WAS/IS THIS STRUCTURE A HOUSE?   |        |   |      |                             | YES  |    | NO  |
| WILL THIS BE A SEXUALLY ORIENTED BUSINESS?   |        |   |      |                             | YES  |    | NO  |
| WILL THIS BE A FOOD SERVICE BUSINESS?  |        |   |      |                             | YES  |    | NO  |
| WILL ALCOHOL BE SERVED OR ALLOWED AT THIS LOCATION?  |        |   |      |                             | YES  |    | NO  |
| WILL ALCOHOL BE SERVED LATER THAN 2 AM?  |        |   |      |                             | YES  |    | NO  |

NOTICE: IF OPERATING MORE THAN ONE BUSINESS OUT OF THE SAME STRUCTURE, YOU ARE REQUIRED TO FILL OUT SEPARATE BUSINESS APPLICATIONS FOR EACH BUSINESS. BUILDING/SIGN PERMITS ARE 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 |
|--------------------------|-----------|--------------------------|-------|

**\*\*Home Based Businesses Continue Application\*\***



***Accessory Residential Use***

Type or Print clearly. Unreadable applications will be returned to you for clarification.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Own Rent

Telephone Number \_\_\_\_\_

1. Name of Business: \_\_\_\_\_
2. Describe the type of business you are requesting:
  
3. Do you understand no more than 30% of your residence can be utilized for this business?
4. Do you understand outside employees are not permitted to be utilized in your business including business partners?
5. Do you understand no materials other than office supplies are permitted to be stored at this location or in your business vehicles including tools and equipment of any kind?
6. Do you understand customers may not come to your residence?
7. Do you understand your home address may not be utilized in any way, **including telephone directory listings and business cards?**
8. Do you understand you are permitted only (1) business vehicle which can be no larger than a "pick-up truck"? **Trailers and other similar equipment are not permitted.**
9. Do you understand signs, of any kind, are not permitted?
10. ***If renting the business location please attach a letter from the property owner giving you permission to operate this home occupation.***

**By my signature as applicant for the Accessory Residential Use at the specified location, I hereby give permission to the City of Fort Smith to revoke this permit should a violation of Section 27-324-6-C (Criteria) of the Unified Development Ordinance of Fort Smith be substantiated by the City.**

Applicant's Signature

Date



If you own the property - Please leave this page blank.

## Landlord Permission Sheet

To the City of Fort Smith Planning Department:

I hereby grant my permission to   to Operate

business at  By signing this form, I verify that I am the

owner of this property.

Owners Printed Name

Address

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Owners Signature

Date



**CITY OF FORT SMITH  
UTILITY DEPARTMENT  
ENVIRONMENTAL QUALITY DEPARTMENT  
WASTE SURVEY – SHORT FORM**

This survey is intended to obtain information needed by the City of Fort Smith to comply with state and federal Pretreatment requirements. Failure to submit a complete and accurate survey may result in penalties including the termination of service. The City may verify the data submitted through phone calls, site inspection, and sample analysis. Answer each question accurately to reflect existing conditions and conditions proposed to occur within 3 to 5 years. Attach additional sheets as necessary.

| DIRECTIONS FOR COMPLETING THIS INDUSTRIAL WASTE SURVEY FORM   |
|---|
| <ol style="list-style-type: none"> <li>1. Fill out Waste Survey form completely. Answer all questions. If you do not know the answer to a question, write "Unknown" in the box. If an answer is not applicable to your facility, write "N/A".</li> <li>2. Sign the Waste Survey form (see back page). Must be signed by an Authorized Representative of the User.</li> <li>3. Failure to submit a complete Waste Survey form or to submit the form <i>within thirty (30) business days</i> is a violation of the City's Ordinance 27-16.</li> <li>4. Fill out using ink. Do not use a pencil. Write clearly.</li> <li>5. If you have any questions, please contact the City at: 479-784-2335 or 479-784-2337 or 479-494-3938 or email <a href="mailto:tgarris@fortsmithar.gov">tgarris@fortsmithar.gov</a></li> </ol> |

| GENERAL INFORMATION  |  |
|--|--|
| Company Name and d.b.a. Business Name, if different  |  |
| Name of responsible person at the facility authorized to represent the company in official dealings with the City of Fort Smith. |  |
| Title:   | Phone:                                 |
| Non business hours contact:  | Phone:                                 |
| Email Address (if available):  | Physical Street Address of Facility:   |
| Website (if available):  | Official Mailing Address if Different: |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| List all Standard Industrial Classification (SIC) codes or North American Industrial Classification System (NAICS) for your facility. These may be found on Federal tax forms or accounting records. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| TYPE OF BUSINESS (CHECK ALL THAT APPLY)              |  |  |
|--|--|--|
| <input type="checkbox"/> Manufacturing/Production    | <input type="checkbox"/> Distribution/Warehouse              | <input type="checkbox"/> Retail Sales – Non-Food |
| <input type="checkbox"/> Service                     | <input type="checkbox"/> Office Only                         | <input type="checkbox"/> Retail Sales – Food     |
| <input type="checkbox"/> Medical/Dental/Veterinarian | <input type="checkbox"/> Other <sup>(Please Explain)</sup> : |  |

| BUSINESS ACTIVITIES                           |                                   |                                 |   |
|---|-----------------------------------|---------------------------------|---|
| Date Business began at this site:             |                                   |                                 |   |
| Construction date(s) for building(s) at site: |                                   |                                 |   |
| Normal operating schedule days of week:       | <input type="checkbox"/> Mon      | <input type="checkbox"/> Tue    | <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |
| Normal operating schedule hours per day:      | 1st Shift                         | 2nd Shift                       | 3rd Shift   |
| Number of employees per shift:                | 1st Shift                         | 2nd Shift                       | 3rd Shift   |
| Water Consumption (Gallons/Month):            | Estimate <input type="checkbox"/> | Actual <input type="checkbox"/> |   |
| Wastewater Volume Generated (Gallons/Month):  | Estimate <input type="checkbox"/> | Actual <input type="checkbox"/> |   |

### BUSINESS ACTIVITIES (CONTINUED)

Describe in detail the type of business activity conducted at this site. Please include primary products or services (attach additional sheets as necessary):

|  |  |
|--|--|
| Is the facility a non-manufacturing, non-production retail facility or business office that does not perform any medical or dental services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the facility/business a food service establishment, prepares food for sale or consumption, or generates FOG (fats,oils,&grease)?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility perform or provide any medical services?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility perform or provide any dental services?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does this pharmacy/facility perform custom compounding of pharmaceutical drugs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the business a manufacturing, production, or processing facility?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility perform metal finishing, metal plating, metal manufacturing, or any other known categorical process?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### SIGNATURE SECTION

The Authorized Representative for the Business shall sign this survey and return it within thirty (30) days to:

Environmental Monitoring Supervisor  
 City of Fort Smith  
 801 Carnall Avenue, Suite 500  
 Fort Smith, AR 72901

“I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.”

\_\_\_\_\_  
 Printed Name of Authorized Representative from Page 1

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Authorized Representative from Page 1

\_\_\_\_\_  
 Date

The signing official must have authorization to provide such information on behalf of the company, corporation or partnership. In accordance with Arkansas law, information and data provided in the questionnaire may be available for public review under the Freedom of Information Act. Requests for confidential treatment of the information will be governed by procedures specified by the City's Pretreatment Program and the Freedom of Information Act.

# NEED GARBAGE COLLECTION?



**Do you own a business and / or doing a construction job?**

If so, the City of Fort Smith offers a full scale of commercial and roll-off services at competitive prices!

**Please call our office,  
479-784-2465**

