



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

<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								
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

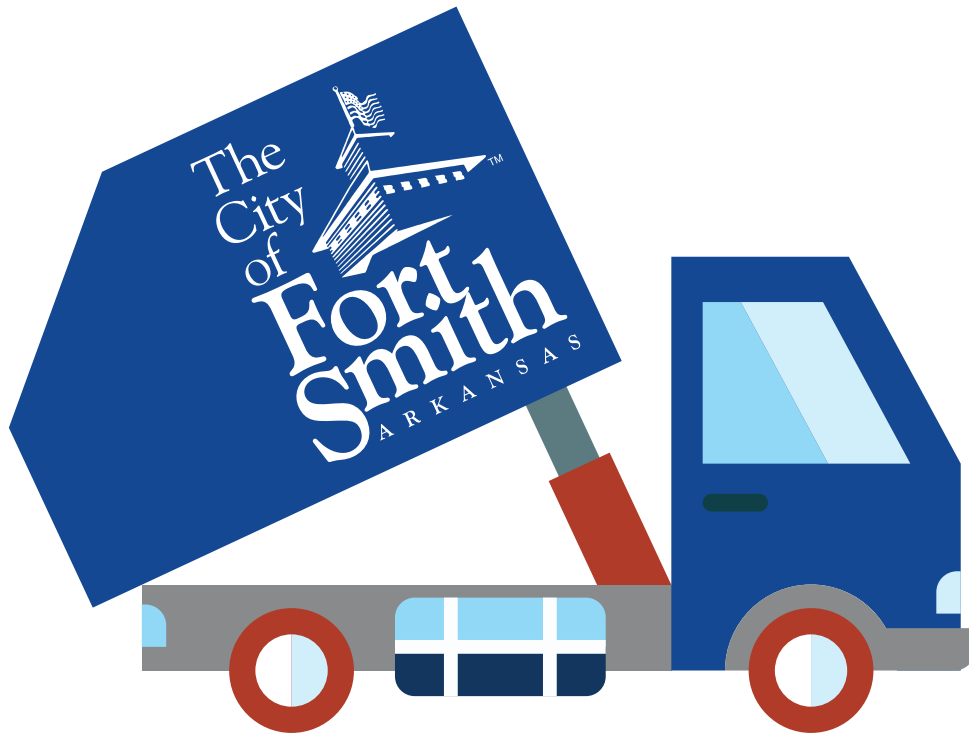
BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS APPLICATION SHALL RESULT IN DENIAL. I FURTHER UNDERSTAND THAT VIOLATION OF ANY LOCAL, STATE, OR FEDERAL LAW, MAINTAINING A NUISANCE OR UNSANITARY PREMISES, OR OPERATING A BUSINESS CONTRARY TO THAT PERMITTED BY THE APPROVED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

	APPLICANT		OWNER
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SIGNATURE:

Submit:

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**

