

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

**City of North Little Rock**  
**BUSINESS LICENSE**  
**APPLICATION**

**Please Mail Application and Fees to:**  
**City Clerk & Collector's Office**  
**P.O. Box 5757**  
**North Little Rock, AR 72119**  
**501-340-5319**

**APPLICATION FOR A BUSINESS LICENSE**

Date \_\_\_\_\_, \_\_\_\_\_

\_\_\_ New Business \_\_\_ Ownership Change \_\_\_ Name Change \_\_\_ Address Change \_\_\_ Relocation

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ DL# \_\_\_\_\_

Business started: Month \_\_\_\_\_ Year \_\_\_\_\_ Number of employees \_\_\_\_\_

Owner's Name (Please Print) \_\_\_\_\_

Description of business operation: \_\_\_\_\_  
\_\_\_\_\_

Mailing address if different than business location: \_\_\_\_\_

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

Owner/Highest Officer's Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Owner/Highest Officer's Home Telephone Number \_\_\_\_\_

Second Highest Officer's Home Address: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Previous business location Address (if applicable): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Is this business going to be operated out of your home? \_\_\_ Yes \_\_\_ No

Is the new business type different from the previous business type at this location? \_\_\_ Yes \_\_\_ No

Will there be any construction modifications to the building? \_\_\_\_ Yes \_\_\_\_ No

**A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND VOID AND CONSTITUTE FORFEITURE OF PAID FEE.**

Signed \_\_\_\_\_  
Owner or Authorized Representative

