

Business Registration Information

OFFICE USE ONLY



CITY OF FORT SMITH

BUSINESS REGISTRATION APPLICATION



OFFICE USE ONLY

(PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION AND RETURN TO:

PLANNING DEPT. 623 GARRISON AVE. FT. SMITH ARKANSAS

Mail to: P.O. Box 1908 Fort Smith, AR. 72902

Account Number

APPLICATION ID

Class Code

ZONE

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

Form with fields for NEW BUSINESS, RELOCATING, CHANGE OF OWNERSHIP, DATE, NUMBER OF EMPLOYEES, Email, CORPORATE NAME, LICENSE HOLDERS NAME, BUSINESS NAME, BUSINESS ADDRESS, APPLICANT NAME, BUSINESS PHONE, CELL PHONE, EMERGENCY PHONE, FAX NUMBER, ALTERNATE PHONE, MAILING ADDRESS, PREVIOUS BUSINESS ADDRESS.

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS ABOUT YOUR BUSINESS

PREVIOUS USE OF STRUCTURE

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

Table with 10 rows of business questions and YES/NO columns.

NOTICE: IF RUNNING 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:

APPLICANT

OWNER