



**Business License**  
**125 W Mountain Street**  
**Fayetteville, AR 72701**  
**Phone: 479-575-8233**  
**Fax: 479-575-8202**

**APPLICATION FOR A FAYETTEVILLE BUSINESS LICENSE**

Business Status:  Existing (Opened prior to October 31, 2014)  New

Type of Business:  Home Occupation  Commercial  Institutional  Nonprofit  Industrial  
 Hotel/Motel  Liquor Sales  Bar  Restaurant/Food Preparation  Outdoor/Sidewalk Vendor

Business/Organization Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Web Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner/Operator: \_\_\_\_\_ Primary Contact:  YES  NO  
 Street Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Own  Lease  
 Building owners name: \_\_\_\_\_

**Emergency Contacts** (additional contact information is not required for businesses operated out of the home) In the event of a police or fire emergency, the information you provide assists us in contacting you after hours. Ideally, the first contact person should be able to respond to the business in a short amount of time and have the necessary keys or alarm codes to enter the building.

1st Contact Person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 2nd Contact Person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Detailed description of business (a thorough description aids in faster application processing): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date opened/to open: \_\_\_\_\_  
 # of employees (full time): \_\_\_\_\_ # of employees (part time): \_\_\_\_\_  
 # of parking spaces: \_\_\_\_\_ # of handicapped (ADA) spaces: \_\_\_\_\_  
 Square feet of building (total): \_\_\_\_\_ Square feet of your space: \_\_\_\_\_  
 Previous use of building: \_\_\_\_\_ Structure Previously Vacant:  Yes  No

Check all of the following that apply to your business/organization. If Yes, please describe.

- Yes  No: Does the building have a sprinkler system?
- Yes  No: Is there a fire alarm?
- Yes  No: Do you store flammable/explosive materials? \_\_\_\_\_
- Yes  No: Is there outdoor storage of materials and/or equipment? \_\_\_\_\_
- Yes  No: Is the business a bar, restaurant or lodging? \_\_\_\_\_
- Yes  No: Is outdoor music or a dance floor proposed? \_\_\_\_\_
- Yes  No: Do you share parking with another business? \_\_\_\_\_
- Yes  No: Is this a sexually oriented business? \_\_\_\_\_

Is business: minority \_\_\_\_\_ woman \_\_\_\_\_ veteran \_\_\_\_\_ owned? (For data purposes only)  
 Yes  No: Would you like to be listed on a web directory? (Company name, address, phone only)  
 Yes  No: Would you like to receive emails with BID & RFP announcements from the City?

No business or other entity that is required by Chapter 118 of the City code to obtain a Business License shall operate without having and displaying at the business a valid and current City of Fayetteville Business License. I hereby certify that the above information is accurate and true to the best of my knowledge.

Applicant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_