

# City of Elkins

## Business License Application

Application can be found at <http://www.elkins.arkansas.gov>

Business License #: \_\_\_\_\_  
 Amount Due: \$ \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

***A BUSINESS LICENSE CANNOT BE ISSUED FOR A CHANGE OF LOCATION UNTIL THIS FORM IS APPROVED BY CODE ENFORCEMENT. APPLICATION FOR A HOME-BASED BUSINESS MUST BE MADE IN PERSON ON A SEPARATE FORM.***

- A. CHECK ONE:  NEW BUSINESS  RENEWAL  CHANGE OF OWNERSHIP  CHANGE OF USE  CHANGE OF ADDRESS  
 (FOR AN EXISTING BUSINESS)
- B. CHECK ONE:  SOLE PROPRIETOR  PARTNERSHIP  CORPORATION  LLC  OTHER
- C. DATE THAT BUSINESS BEGAN OPERATION AT THE ADDRESS LISTED ON LINE H OR DATE OF OWNERSHIP CHANGE: \_\_\_\_\_
- D. NAME OF BUSINESS: \_\_\_\_\_
- E. DBA NAME (IF APPLICABLE): \_\_\_\_\_
- F. NUMBER OF FULL TIME EMPLOYEES (INCLUDING OWNER) WORKING 25 HRS OR MORE PER WEEK AT LOCATION LISTED ON LINE H: \_\_\_\_\_
- G. (If Applicable) RESTAURANTS ONLY: Number of Seats: \_\_\_\_\_ STORAGE BUILDINGS ONLY: Number of Units: \_\_\_\_\_
- H. PHYSICAL BUSINESS LOCATION (PO BOX OR PMB# IS UNACCEPTABLE): \_\_\_\_\_
- I. CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
- J. MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_
- K. PREVIOUS BUSINESS LOCATION (FOR CHANGE OF ADDRESS ONLY): \_\_\_\_\_
- L. CITY, STATE, ZIP: \_\_\_\_\_
- M. ARKANSAS SALES TAX #: \_\_\_\_\_ (IF YOUR BUSINESS CHARGES SALES TAX) FEDERAL TAX ID #: \_\_\_\_\_
- N. E-MAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_
- O. BUSINESS OWNER'S NAME: \_\_\_\_\_
- P. HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_
- Q. STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ OPTIONAL: RACE: \_\_\_\_\_ SEX: \_\_\_\_\_
- R. DESCRIPTION OF BUSINESS: \_\_\_\_\_
- S. DOES YOUR BUSINESS MAINTAIN INVENTORY?  YES\*\*\*  NO. IF YES, LIST THE AMOUNT OF BEGINNING INVENTORY: \_\_\_\_\_
- T. DOES YOUR BUSINESS SELL TOBACCO PRODUCTS?  YES  NO
- U. DOES YOUR BUSINESS SELL ANY TYPE OF ALCOHOLIC BEVERAGE?  YES  NO
- V. IF YES, YOU MUST ATTACH COPIES OF YOUR ARKANSAS ABC PERMITS TO THIS APPLICATION
- W. PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
- X. MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_
- Y. ARE YOU CURRENTLY INVOLVED WITH OR DO YOU PLAN ANY CONSTRUCTION OR REMODELING AT THIS LOCATION  YES  NO
- Z. EXPLAIN: \_\_\_\_\_
- AA. DO YOU STORE OR STOCK FLAMMABLE OR EXPLOSIVE MATERIALS?  IF YES, NOTE TYPE AND QUANTITIES: \_\_\_\_\_

**NOTE: A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND VOID AND CONSTITUTE FORFEITURE OF ANY FEES PAID.**

SIGNATURE OF OWNER OR REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Staff Use Only</b>	Date Submitted: _____ Zoning _____
	The proposed use is in compliance with the Elkins Zoning Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Building has backflow preventer: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Application information is accurate: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, new application must be submitted)
	Date of Occupancy Inspection: _____
	Inspection Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for disapproval: _____
Inspector Name _____ Fire Official Name _____	

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## City of Elkins Requirements for Business - Certificate of Occupancy

**Address posted** - 6"-8" numbers in contrasting colors visible from street.

**Fire extinguishers** - Minimum 10 lb., adequate number, inspected, tagged and mounted with sign.

**Occupant Load** - Sign posted.

**Exits** - Marked with lighted AC/DC signs including emergency lighting, Unlocked at all times

**Electrical Panel** - Accessible, all circuits clearly labeled, no unprotected openings inside panel.

**Electrical Covers** - All switches, receptacles and junction boxes must have covers.

**GFI Receptacles** - All receptacles within 3 feet of water must be GFI protected.

**Storage** - Flammables, compressed gas cylinders and combustibles properly stored.

**Handrails** - Handrails and guardrails must be installed where needed.

**Water Heater** - Temperature and pressure relief valve line must be piped outside.

**Heaters** - Must be properly installed.

**Egress** - Paths of egress must be free from obstructions.

**No Smoking Signs** - Posted

**Smoke Detectors** - Mounted and functional.

**Fire Alarm System** - Affidavit provided or current inspection tag.

**Fire Sprinkler System** - Affidavit provided or current inspection tag, including backflow test report.

**Cooking Hood** - Extinguishing system inspected and tagged.

**Backflow Prevention** - Device installed and tested.

**Signs** – Application approved

**Fire & Building Inspector, 479-313-5951 – [jddemotte@elkins.arkansas.gov](mailto:jddemotte@elkins.arkansas.gov)**