# *City of Springdale, Arkansas*
# *Business License Pre-Application Checklist*

The Pre-Application Checklist will help prepare you to successfully start your business in Springdale. Knowing the answer to these questions will enable you to quickly and easily complete the business license process.

1. **Do you need help finding a location or developing a business plan?**
   - **Yes or I don't know** – *Contact the Springdale Chamber of Commerce @ 479-872-2222. For assistance.*
   - **No** – *Proceed*

2. **Do you have an Arkansas Sales and Use Tax Permit?**
   - **Yes** – *Proceed*
   - **No or I don't know** – Contact *the Arkansas Dept of Finance and Admin at 501-682-1895*

3. **Is this business located in your home?**
   - **Yes, would like to have an office in my home, I conduct business by phone, fax, mail, email, or internet.** – *A home office license is available in the City Clerk's Office.* You may skip the remaining questions.
   - **Yes, would like to have a business in my home, I will have materials and supplies in my home or I have a home day care.** – *A home occupation requires Conditional Use approval; please contact the Planning Department @ 479-750-8550 for information.*
   - **No** – *Proceed*

4. **Is the property zoned correctly for the type of business you want to operate?**
   - **Yes** – *Proceed*
   - **No** – Contact *the Planning Department @ 479-750-8550 for Rezoning or Conditional Use procedure.*
   - **I don't know** – *Contact the Planning Department @ 479-750-8550 for zoning information*

**5. Do you have the required amount of parking and is it paved per the City of Springdale Code of Ordinance?**

- **Yes** – *Proceed*
- **No** – *Contact the Planning Department @ 479-750-8550. In some cases a variance may be granted.*
- **I don't know** – *Contact the Planning Department @ 479-750-8550 for assistance.*

**6. Is the business the same as the previous business?**
**Example: Gas Station to Restaurant**
**Retail Store to Office**

- **Yes** – *Proceed*
- **No** – *Contact the Building Inspection Department @ 479-750-8154 for information.*
- **I don't know** – *Contact the Building Inspection Department @ 479-750-8154 information.*

**7. Does the business need Health Department and/or Alcohol Beverage Control Commission permits or approval?**

- **Yes** – Contact *Health Department and/or ABC Commission for application/approval information.*
- **No** – *Proceed*
- **I don't know** – Contact *Health Department and/or ABC Commission for information.*

**8. Does the business expect no more than 100 people in attendance at any given time?**

- **Yes** – *Proceed*
- **No** – *Contact the Fire Marshall's Office @ 479-750-8190 for information regarding occupancy load requirements.*
- **I don't know** – *Contact the Fire Marshall's Office @ 479-750-8190 for assistance.*

**9. Will the business have a large storage area (500 square feet or more) with stacked storage (12 feet or higher)?**

- **Yes** – Contact the Fire Marshall's Office @ 49-750-8190 for more information.
- **No** – Proceed
- **I don't know** – Contact the Fire Marshall's Office @ 49-750-8190 for assistance.

**10. Will the business produce hazardous dusts such as woodworking, pallet manufacturing, etc.?**

- **Yes** – Contact the Fire Marshall's Office @ 49-750-8190 for more information.
- **No** – Proceed
- **I don't know** – Contact the Fire Marshall's Office @ 49-750-8190 for assistance.

# CITY OF SPRINGDALE
## BUSINESS LICENSE PROCEDURE

Chapter 26 of the City of Springdale Code or Ordinances requires that any person who engages in, carries on or follows any trade, business, profession, vocation or calling, within the corporate limits of the City, unless exempt by State law, to have a Business License. The license is issued by the City Clerk and terminates on March 31st of each year.

In addition, this procedure applies to any previously licensed business that has changed its type of business, location or ownership.

**The license will not be issued for a business if the premises and building do not fully comply with the building codes of the City or if the operation would involve a violation of the zoning ordinance.**

The application procedure is as follows:

**STEP 1.** Complete the top portion of the Business license application. Please sign the application and proceed to Step 2.

**STEP 2.** The completed application must be taken to the Planning Department, at 201 Spring Street, Room 214 for verification of zoning. (479-750-8550) This step must be completed before proceeding to Step 3.

**STEP 3.** Set up an appointment with the Building Inspection Department for an on-site inspection of your business. The Building Official and the Fire Inspector will meet with you to sign your application at the time of the inspection. (479-750-8557)

**STEP 4.** Please bring the completed & signed application to the City Clerk's office at 201 Spring Street to purchase your business license. (479-750-8118)

The Business License fee schedule is as follows:
$40.00 per year, plus $2.50 for each of the first 25 employees, excluding the owner of a sole proprietorship, employed by such business, and an additional $1.00 per year for each and every employee over 25. There is a maximum fee of $300.00 per year.

# APPLICATION FOR BUSINESS / OCCUPATION LICENSE

**City Of Springdale**
**201 Spring Street, Room 203**
**Springdale, AR 72764**
**479-750-8118**

BUSINESS START DATE:_____

NAME OF BUSINESS: _____

OWNER:_____ BUSINESS STATUS: ❑ NEW
❑ RELOCATING
❑ ADDITIONAL LOCATION

BUSINESS PHYSICAL LOCATION: _____
BUSINESS MAILING ADDRESS: _____
_____
BUSINESS PHONE: _____ FAX # : _____
BUSINESS EMAIL: _____
DETAILED DESCRIPTION OF SERVICE OR PRODUCTS PROVIDED:
_____
_____
FEDERAL TAXPAYER I.D. OR SOCIAL SECURITY #: _____
AR SALES & USE TAX PERMIT # : _____
FULL-TIME EMPLOYEES: _____ PART-TIME EMPLOYEES: _____
24 HR CONTACT:_____
Building owner -

(FOR OFFICE USE ONLY) DO NOT WRITE BELOW THIS LINE

**PLANNING OFFICE - RM -214 – ZONING/STREET ADDRESS CERTIFICATION**

ADDRESS ASSIGNED:_____
SEC:____T:____R:____
ZONING DISTRICT: ___ A-1, ___ 0-1, ___ C-1, ___ C-2, ___ C-3, ___ C-4, ___ C-5,
___C-6, ___ W-1, ___ I-1, ___ I-2, ___ I-3, ___ P-1, ___ PUD, ___ OTHER
__ DESIGNATED USE UNIT#_____ CHANGE OF USE : ❑ YES ❑ NO
__ PROPOSED USE IS PERMITTED IN THE ZONING DISTRICT ABOVE
__ PROPOSED USE WAS GRANTED A CONDITIONAL USE BY
PLANNING COMMISSION ON _____
__ PROPOSED USE HAS BEEN RECOGNIZED AS A NON-CONFORMING USE
BY:_____ DATE: _____

**BUILDING OFFICIAL** (CALL 479-750-8557 FOR INSPECTION APPT.)

SIGNATURE _____ DATE: _____

**FIRE PREVENTION BUREAU**

SIGNATURE _____ DATE: _____

BUSINESS # ISSUED_____ DATE_____ BY_____