

# 2008

## BUSINESS PERMIT APPLICATION CITY OF RUSSELLVILLE ARKANSAS

716 NO. EL PASO AVE.  
RUSSELLVILLE, AR 72801 479-968-1002 FAX # 479-968-6496

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

NAME OF RESPONSIBLE PARTY/MANAGER: \_\_\_\_\_ FAX # \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_ PAGER/CELL PHONE: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

ALARM SYSTEM: YES/NO \_\_\_\_\_ ALARM CO. PHONE #: \_\_\_\_\_

NO. OF EMPLOYEES: \_\_\_\_\_ APPROX. SQ. FT. BLDG: \_\_\_\_\_

BUSINESS OWNER (S): \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPERTY OWNER (S): \_\_\_\_\_

PROPERTY OWNER PHONE #: \_\_\_\_\_

ARE CHEMICALS, FLAMMABLES OR HAZARDOUS MATERIAL USED OR STORED ON PREMISES? YES/NO

IF SO, PLEASE LIST? \_\_\_\_\_

I UNDERSTAND THE BUSINESS PERMIT IS FOR REGISTRATION PURPOSES AND DOES NOT WAIVE COMPLIANCE FOR ANY FEDERAL, STATE, COUNTY, OR CITY LAWS OR ORDINANCES. ALSO IT IS THE SOLE RESPONSIBILITY OF THE APPLICANT IN WRITING TO SUPPLY THIS OFFICE WITH ANY AND ALL CHANGES IN ANY INFORMATION PERTAINING TO THEIR APPLICATION.

\_\_\_\_\_  
**SIGNATURE OF BUSINESS OWNER (S)**

### **Fee Schedule-( Permit required for each location.)**

0-3 Employees	\$25.00	26-99 Employees	\$200.00
4-10 Employees	50.00	100 or more Employees	\$400.00
11-25 Employees	100.00	2 Seasonal/Part-time Employees count as 1 Employee	

**Establishments in the business of selling or serving alcohol shall pay based on the table above and also an additional \$500.00 for the permit fee. Application due on or before January 31<sup>st</sup>. Applications received after January 31 assessed a 10% late fee after 60 days the late fee shall be 30%.**

\_\_\_\_\_  
**FOR OFFICIAL USE ONLY**

Permit #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_