



Business License Application

City of Lowell
216 N Lincoln St
Lowell, AR 72745
(479) 770-2185

License# _____

Date of Application: _____

Name of Business: _____

Physical Address: _____
Lowell, AR 72745

Mailing Address: _____

Business Phone#: _____

Business Description: _____

Business Category: Select one. Please enter number of employees, seats, or units where indicated. The form will calculate your Total Amount Due.

___ 1. General (includes home-based) - \$50.00 plus \$5.00 for each employee and/or owner.
___ Total Number of Employees/Owners who work over 25 hours per week.
Total Amount Due: _____

___ 2. Restaurants, cafes, diners, cafeterias, food trucks, or any place where food is prepared and served to the public. **Advertising & Promotion Tax applies.*
___ A. Minimum <10 seats - \$50.00
___ B. 10-25 seats - \$75.00
___ C. 26-75 seats - \$100.00
___ D. 76+ seats - \$150.00
Total Amount Due: _____

___ 3. Motels, hotels, boardinghouses, rooming houses, mobile home parks, apartments, and short-term rentals (ie: Airbnb). **Advertising & Promotion Tax applies.*
___ A. 1-6 Units - \$50.00
___ B. Each additional unit - \$5.00
Total Amount Due: _____

___ 4. Catalogue houses whose principal sales are by fulfillment of orders from out-of-town warehouses. - \$300.00

___ 5. Self-service storage units.
___ A. 1-6 Units - \$50.00
___ B. Each additional unit - \$1.00
Total Amount Due: _____

*I understand, once approved, this business license must be renewed annually by **February 1st**.*

Applicant's Name: _____

Applicant's Signature: _____

Contact Phone#: _____

Contact Email: _____

OFFICIAL USE ONLY

Planning Department _____ Building Services _____ Fire Department _____