

CITY OF LOWELL
216 N LINCOLN ST
LOWELL, AR 72745
479-770-2185



A TOWN WITH A PAST - A CITY WITH A FUTURE

DUE FEBRUARY 1, 2020

Penalties:

30 days late - 10%
60 days late - 20%
90 days late - 50%

BUSINESS LICENSE TAX NOTICE - 2020

BUSINESS LICENSE TAX IS PAYABLE TO THE CITY OF LOWELL
IN ACCORDANCE WITH LOWELL CODE OF ORDINANCES AS FOLLOWS:

Business Name: _____ **Mailing Address:** _____
Physical Address: _____

Business Description (Construction, Landscape, etc.) _____

Select (X) the business type (#1 through #5) as described below.

Complete the Name, Signature, Phone Number, & Email portion at the bottom. Return this form with your payment (cash or check only).

***Advertising & Promotions Taxes apply. Please talk to the Finance Dept. for more information.**

_____ 1. All businesses (UNLESS specified under categories 2-5):

\$50.00 plus \$5.00 for each employee and/or owner working 25 hours or more per week.

_____ Total Number of Employees/Owners

The number of employees reported for tax computation shall be the total number who were employed in September of the prior year and reported on Internal Revenue Service withholding summaries as such, provided that each worked an average of 25 hours or more per week for the month.

_____ 2. *Restaurants, cafes, diners, cafeterias, food trucks, or any place where food is prepared and served to the public.

Enter number of seats on the corresponding line below.

_____ A. Minimum	\$50.00
_____ B. 10-25 seats	\$75.00
_____ C. 26-75 seats	\$100.00
_____ D. 76+ seats	\$150.00

_____ 3. *Motels, hotels, boardinghouses, rooming houses, mobile home parks, and apartments.

Enter number of units on the corresponding line below.

_____ A. 1-6 units	\$50.00
_____ B. Plus each additional unit	\$5.00

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

_____ 5. Self-service storage units. Enter number of units on the corresponding line below.

_____ A. 1-6 units	\$50.00
_____ B. Plus each additional unit	\$1.00

Print Applicant Name (required): _____ **Date of Application:** _____

Applicant Signature (required): _____

Phone Number (required): _____

Email (required): _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ON

Planning Department _____ Building Services _____ Business License No. _____