



# 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.  
\_\_\_ 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).  
\_\_\_ 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 1<sup>st</sup>**.*

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### OFFICIAL USE ONLY

Planning Department \_\_\_\_\_ Building Inspection \_\_\_\_\_ Fire Inspection \_\_\_\_\_  
Zoning \_\_\_\_\_ Use Category \_\_\_\_\_

# Lowell Police Department

## Emergency / After Hours Contact Information

*Information provided will only be used by City Officials in the case of an emergency.*

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

### After hours emergency contact(s):

*Emergency Contacts should be anyone who has access to the building 24/7, knows access/alarm codes, and can make emergency decisions.*

**1. Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alarm Company Name:** \_\_\_\_\_

**Alarm Company Phone Number:** \_\_\_\_\_