

BUSINESS REGISTRATION AND DECLARATION FORM FOR YEAR 2020



**CITY OF MAUMELLE
MAUMELLE AR 72113**

**550 EDGEWOOD DRIVE SUITE 590
501-851-2500 Fax 501-851-6738**

DATE: _____ **BUSINESS LICENSE NUMBER:** _____
(City use only)

PLEASE CHECK ONE OF THE FOLLOWING: _____ **COMMERCIAL/RETAIL/PROFESSIONAL**
_____ **INDUSTRIAL/WAREHOUSE** _____ **HOME BASED BUSINESS**

NAME OF BUSINESS: _____

ACTUAL BUSINESS STARTUP DATE: _____ (first day of business operations)

NUMBER OF EMPLOYEES: _____ **FULL TIME** _____ **PART TIME**

DESCRIPTION OF BUSINESS: _____

Does your business sell alcoholic beverages? _____ **If yes, include a copy of your state license.**

Does your business sell tobacco products? _____

Do you store or stock flammable or explosive materials? _____ **If yes, note type and quantities:** _____

(If not enough room is provided here, please attach an additional sheet with information)

LEGAL NAME OF BUSINESS: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

Check here if you would like to receive the City of Maumelle's monthly E-Newsletter, MauMail.

PHONE NUMBER OF BUSINESS: _____
(DAY) (AFTER HOURS)

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CONTACT PERSON (S) AND PHONE NUMBER(S) FOR EMERGENCY/AFTER HOURS:

- 1. _____
- 2. _____

Please notify the City if the emergency information changes during the year.

OWNER'S NAME/ADDRESS: _____

TOTAL SQUARE FOOTAGE UNDER ROOF, INCLUDING ANY AND ALL CANOPIES (IF MORE THAN ONE BUILDING OR CANOPY, LIST EACH BUILDING SEPARATELY WITH SQUARE FOOTAGE AND THE USAGE): (does not apply to home-based businesses)

- 1. _____

OWNER OF BUILDING (S) IF DIFFERENT FROM BUSINESS OWNER:

ADDRESS: _____

PHONE NUMBER (S): _____
(DAY) (AFTER HOURS)

The above information is true and correct to the best of my knowledge.

SIGNATURE OF OWNER OR REPRESENTATIVE _____

Make Check payable to: City of Maumelle Amount submitted: _____

FEES: Commercial/Retail/Professional \$50.00 Industrial/Warehouse \$100.00 Home Based Business \$25.00

PLEASE NOTE:

1. IF YOU ARE NO LONGER IN BUSINESS PLEASE RETURN THIS FORM SO THAT OUR RECORDS MAY BE UPDATED OR CALL THE CITY CLERK AT 851-2500.

2. THE SALES TAX CODE NUMBER FOR THE CITY OF MAUMELLE IS 60-06. PLEASE USE THIS CODE IN YOUR SALES TAX REPORT TO THE STATE OF ARKANSAS.

Thank You!

Due in City Clerk/Treasurer's office by January 31, 2020.