

**BUSINESS REGISTRATION AND DECLARATION FORM FOR YEAR 2021**



**CITY OF MAUMELLE  
MAUMELLE AR 72113**

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

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DATE: \_\_\_\_\_ BUSINESS LICENSE NUMBER: \_\_\_\_\_ Customer # \_\_\_\_\_  
(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

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**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, 2021.**