

**City of Cotter
Occupational License Information**

Application Date: _____

Applicant/Business Owner Name: _____

Mailing Address of Business Owner: _____

City State Zip Code

Telephone Number of Business Owner: _ (____) _____

Name of Business: _____

Type of Business: _____

Number of Employees: _____

Business Physical Address: _____
(if different than above)

City State Zip Code

Business Mailing Address: _____
(if different than Business Address)

City State Zip Code

Telephone Number of Business: _ (____) _____

E-Mail Address: _____

Is your business required to collect Arkansas City and State sales tax? Yes _____ or No _____

If Yes, please provide a copy of your Arkansas State Sales and Use Tax Permit with application.

Office Use Only:

Amount of License \$ _____ Rcpt. No. _____ Date Rcvd. _____

Occupational License No. _____ Tax Permit on File: _____ Date Issued: _____

A separate information sheet should be filled out for each business owned.

CITY OF COTTER

BUSINESS OCCUPATION LICENSE CHECKLIST FORM

DATE: _____

BUSINESS NAME: _____ PHONE: () _____

ADDRESS LOCATIONS (PHYSICAL LOCATION): _____

OWNER (S) NAME: _____ PHONE: () _____

OWNER (S) MAILING ADDRESS: _____

MANAGER/SUPERVISOR NAME: _____ PHONE: () _____
(PROPERTY OR SITE)

PLEASE CHECK APPROPRIATELY:

Is the business going to be located in an existing structure?	Y _____	N _____
Is there a change in use of the property from previous business	Y _____	N _____
What will be the hours of operations of your business?	From: _____	to _____
Are there any special characteristics to be added to structure or property? (If yes, please attached information for Building Inspector review)	Y _____	N _____
Any changes with signage for the business? (Sign Permit Required) (If yes, please provide details to Building Inspector)	Y _____	N _____
Any alcohol sales/pharmaceutical/firearms permits required for this business?	Y _____	N _____
Any new gas plumbing/water/sewer needs for this building/house?	Y _____	N _____
Is the business going to be located in an existing structure? (Is so, please contact Public Works Director)	Y _____	N _____
Is this a in Home Business? (Verify Business is allowed in R1 / R2 Zone	Y _____	N _____

NOTE: ONCE ALL APPROPRIATE INSPECTIONS OF THE BUSINESS LOCATION HAVE BEEN COMPLETED AND CERTIFIED BY THE DATE AND SIGNATURE OF THE APPROPRIATE CITY OF COTTER OFFICALS BELOW, THE APPLICANT SHALL RECEIVE THEIR BUSINESS OCCUPATION LICENSE.

OWNER / APPLICATION SIGNATURE: _____ **DATE SIGNED:** _____

CITY USE ONLY:

BUILDING INSPECTOR: CERTIFICATE OF OCCUPANCY APPROVED Y _____ N _____
SIGNATURE: _____ DATE INSPECTED: _____

FIRE CHIEF:
SIGNATURE: _____ DATE INSPECTED: _____

POLICE CHIEF: (ABC/PHARMACEUTICAL/FIREARMS PERMITS)
SIGNATURE: _____ DATE INSPECTED: _____

BUSINESS LICENSE APPROVED AND ISSUED
RECORDER / TREASURER SIGNATURE _____ DATE: _____