



City of Johnson Business License Application 2024

Date: _____

Name of Business: _____ Home Based: Yes ___ No ___

Physical Address of Business: _____

Mailing Address: _____

E-Mail: _____

Business Phone: _____ Fax: _____

Owner's Name: _____

Parent Company: _____

Parent Company Address: _____

Parent Company Phone: _____ Fax: _____

ARKANSAS SALES AND USE TAX: Yes _____ No _____ PERMIT# _____ (COPY REQUIRED)

Business Category: Please enter number of employees, seats, or units where indicated.

_____ **GENERAL** (includes home-based) - \$50.00 plus \$5.00 for each employee and/or owner (excludes PT)

_____ Total Number of Employees/Owners who work over 25 hours per week.

Amount Due: \$ _____

_____ **RESTAURANTS, CAFES, DINERS, CAFETERIAS, FOOD TRUCKS**, or any place where food is prepared and served to the public. (Park A&P Tax applies to all businesses in this category.)

_____ Minimum <10 seats - \$50.00

_____ 10-25 seats - \$75.00

_____ 26-75 seats - \$100.00

_____ 76+ seats - \$150.00

Amount Due: \$ _____

_____ **MOTELS*, HOTELS*, SHORT-TERM RENTALS*, BOARDING HOUSES*, ROOMING HOUSES***,
MOBILE HOME PARKS, APARTMENTS, AND RESIDENTIAL RENTAL UNITS (* Park A&P Tax applies.)

_____ 1-6 Units - \$50.00

_____ Each additional unit - \$5.00

Amount Due: \$ _____

_____ **CATALOG HOUSES** whose principal sales are by fulfillment of orders from out-of-town warehouses.

Amount Due: \$300.00

_____ **SELF-SERVICE STORAGE UNITS.**

_____ 1-6 Units - \$50.00

_____ Each additional unit - \$1.00

Amount Due: \$ _____

ALCOHOL BEVERAGE LICENSE: Yes:_____ No:_____ (If yes please complete the following)

Fee \$150.00 AR Alcohol Beverage Permit # _____ (COPY REQUIRED)

_____ ON PREMISE CONSUMPTION _____ OFF SITE PREMISE CONSUMPTION

Applicant's Name: _____ (must be same as listed on State Permit)

Title: _____

Affidavit:

I do hereby swear and affirm that the location of the business for which this permit is sought is not within 200 yards of any church or school building, if said business is a retail establishment for the sale of alcoholic beverages for consumption off the premises; or is not within 300 feet of any church or school building for any other business for which a City of Johnson alcoholic beverage permit is required.

The below signed retail liquor dealer, states that all the above information is true and accurate to the best of his or her belief and knowledge.

Applicant's Signature: _____ (Must be same as listed on State Permit)

Amount Due: \$ _____ Business License (MAXIMUM \$300)

Amount Due: \$ _____ Alcohol Beverage License

Total Amount Due: \$ _____

Business Licenses issued are valid for one calendar year. Businesses have the following payment options:

Payment Options: _____ Annual _____ Semiannual (Due February 1st and August 1st each calendar year)

Emergency Contact Information (This information will be considered confidential and disseminated exclusively to emergency services, i.e, Police, Fire, EMS personnel only. The Johnson Police Department asks that persons listed have access to keys and alarm codes for any structures and be familiar with company and personnel that are authorized to be on the property during the hours the business is normally closed. Please list your representatives in the order you want them to be contacted. If any of this information changes throughout the year, please contact City Hall.

Name: _____ Position / Title: _____ Cell Phone: _____

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Alarm: Yes _____ No _____ Type of Alarm: _____

Building areas protected by Alarm: _____

Alarm Company: _____ Contact Phone: _____

After hour Cleaning Service: _____ Contact Phone: _____

Are there any hazardous or flammable materials stored on the property in large quantities? Yes: _____ No: _____

Type of Materials and Storage Location: _____

Business Occupancy Inspections

All new business license applicants are required to have an occupancy inspection prior to opening for business. Home based businesses are exempt from this requirement. Please contact City Hall to schedule inspection.

Occupancy Inspections are also required if a business: moves, changes name or ownership.