



# Business License Application Packet

- Notice to Applicant
- Instruction & Checkoff List
- Application Form

*City of Greenland  
Planning Division  
8 E. Ross  
P.O. Box 67  
Greenland, AR 72737*

**BUSINESS LICENSE APPLICATION  
SUPPLEMENT SHEET**

**NOTICE:**

***BEFORE SUBMITTING YOUR APPLICATION...***

*It is the Applicant's responsibility to review the Greenland Municipal Code (Sections 9, 12, and 14) as well as all pertinent sections of the "Greenland Designs Standards Pattern Book" as may be applicable to your business, to obtain all guidelines and terms of compliance to ensure that your request falls within the parameters for which the Planning Commission may hear your request.*

*If you have questions, or need further information before submitting your application, please contact City Hall (479)-521-5760.*

**BUSINESS LICENSE**  
**PERMIT APPLICATION INSTRUCTIONS & CHECKOFF LIST**

**INSTRUCTIONS:**

1. Review the Zoning (pages 192-232, in particular, Section 14.04.12), Signage (Section 9.12, pages 132-140.22), and Landscaping (page 180 and the related Chapter 12.08) sections of the Greenland Municipal Code (G.M.C.) for guidelines and requirements.
2. Double-check G.M.C. 14.04.12 to see if the business type is “permitted” (X), or is a “conditional use” (C) in the zoning district where the anticipated business will be located. If the business is not a “permitted” use, but is shown as a “conditional use”, a “Conditional Use Application” in conjunction with the Business License application and follow the procedures outlined in the Conditional Use Application packet.
3. Fill out application and attach all supporting documentation, including payment of applicable fee. Also, if necessary per #2 above, fill out a Conditional Use Application and all supporting documentation, including payment of applicable fee.
4. If the application is incomplete, or any of the above required steps are not met, the application will NOT be reviewed.
7. The Applicant must be present at the Planning Commission meeting in order for the application to be reviewed and a decision to be made. If the Applicant is not present, the Planning Commission may either table the application until the following month, or deny the Application in its entirety.
8. In order to be placed on the next regularly-scheduled meeting, all paperwork must be submitted before the cutoff date established by the Planning Commission for placing items on the agenda. You may refer to the attached "Greenland Planning Commission Scheduled Meeting Dates" for dates. Any request received after the cutoff date shall not be reviewed by the Planning Commission until the following month's regularly-scheduled meeting.
9. If you are submitting a “Conditional Use Application in conjunction with this license application, the matter will not be heard until the month FOLLOWING the next regularly-scheduled meeting due to public notice requirements and a necessary public hearing. (See the attached "Greenland Planning Commission Scheduled Meeting Dates" for dates)
10. For any questions concerning the application requirements, you may contact City Hall 521-5760.

**MUST be included :**

- Completed Application** (fully answered and signed)
- Graphic representation** (photos or drawing) **of current property** showing location, surrounding boundaries, and proposed use of the site. *Photos must be a minimum 4 x 6 in size, drawings must be legible and large enough to show detailed information.*
- Graphic representation** (photos or drawing) **showing** any and all such other descriptive material necessary for decision-making. This may include, but is not limited to: preliminary site plans showing proposed uses and structures; proposed ingress/egress to the site, including adjacent street; proposed off-street parking and landscaping; lighting and signage;
- A **copy of any covenants**, or a **certification** stating that none exist (*you may use the attached Certification for this purpose*)
- ONE (1) original** application with all supporting documentation
- FIVE (5) copies** of the application and all supporting documentation
- Application fee.**
- DON'T FORGET!!!!** *If you are submitting a Conditional Use Application in conjunction with this Application, follow the guidelines in the Conditional Use Application packet and remember the matter will not be heard at the next meeting. (See the attached "Greenland Planning Commission Scheduled Meeting Dates" for dates)*

**CERTIFICATION**

I hereby certify that I have made a thorough search of all pertinent sources, to include my deed, abstract and the Washington County Clerk's office and have found no covenants or any evidence that covenants exist for the property identified in my application for a Business License. Or that if covenants do exist, I have attached a copy of the covenant(s) to my application, but there is no covenant specified therein prohibiting the use I have requested.

Dated this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name Printed

**STATE OF ARKANSAS**

**COUNTY OF \_\_\_\_\_**

Subscribed and sworn before me this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Name Printed

\_\_\_\_\_  
Commission Expires

City of Greenland  
8 E. Ross  
P.O. Box 67  
Greenland, AR 72737  
Ph #521-5760 / Fax #521-7780

**FOR OFFICE USE ONLY**

ID Number \_\_\_\_\_  
Business License Number \_\_\_\_\_

**APPLICATION FOR BUSINESS LICENSE Annual Fee \$25.00**

The license is for the calendar year, January through December. The Greenland business license expires December 31.

**PLEASE PRINT OR TYPE - COMPLETE ALL REQUESTED INFORMATION**

Your business will be assigned a City of Greenland ID Number. Refer to the ID Number in any future correspondence relating to your license. Let us know if you previously had a Greenland business license. The account will be deemed a reinstatement ONLY if it has been closed for at least 12 months.

**Please provide the information in the first section if it is available. The ID numbers are not required to obtain a City of Greenland business license. For sections/information that does not apply, please put "N/A"**

State of Arkansas Tax Identification Number: TIN \_\_\_\_\_ Any other numbers, if applicable (contractor  
Federal Employment Identification Number: FEIN \_\_\_\_\_ number, vendor number, etc): \_\_\_\_\_

Business Internet Address (if applicable) \_\_\_\_\_

Has this business previously had a Greenland Business License?  YES  NO If yes, when? \_\_\_\_\_

**PLEASE COMPLETE ALL SECTIONS BELOW PROVIDING the BUSINESS INFORMATION**

**TYPE OF BUSINESS (Check ONE)**  Sole Proprietor  Corporation  Partnership  LLC  Other \_\_\_\_\_

**Is the business a non-profit organization?**  Yes  No **\*\***(Non-profit organizations are required to be licensed and file tax returns)

**LEGAL NAME OF BUSINESS ENTITY** \_\_\_\_\_

*\*\* (If a sole proprietorship, please list your legal name, last name first, and include any middle initial.)*

**TRADE NAME** or dba (doing business as) \_\_\_\_\_

**WHAT IS THE STARTING DATE OF BUSINESS IN GREENLAND?** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*If the business was operating in Greenland before the current year, prior years' license fees and penalties may be due.*

**Zoning Limitations** - A business license does not authorize the holder to conduct business in violation of any zoning ordinance. The location of your business must be indicated. You must list a physical address (post office box is not considered a physical address).

**PHYSICAL BUSINESS LOCATION:** \_\_\_\_\_  
Address City State Zip

IS THIS LOCATION BEING **ADDED AS A BRANCH ONLY TO AN EXISTING LICENSE?**  Yes  No

**Address of existing licensed business location(s):** \_\_\_\_\_

**Mailing address for LICENSE & RENEWAL** \_\_\_\_\_  
 Same as Above Address City State Zip

**Is this business a "permitted" use per the G.M.C. (Section 14.04.12, Page 231)**  Yes  No  
*If "no", then a Conditional Use Permit must be obtained by following the Conditional Use Application procedures*

**Are there any restrictive covenants with respect to the property?**  Yes  No *(Attach a copy of covenants or certification, if none)*

**COMPLETE THE ENTIRE APPLICATION - ALL INFORMATION AND A SIGNATURE IS REQUIRED TO PROCESS**

**CITY OF GREENLAND- APPLICATION FOR BUSINESS LICENSE-continued:**

**NATURE OF BUSINESS: Check all that apply and provide detail below. THIS INFORMATION should be as detailed as possible.**

- Wholesale   
  Retail   
  Service   
  Transportation   
  Manufacturing-Extracting   
  Printing & Publishing  
 Utility Services   
  Entertainment (general)   
  Entertainment (adult)   
  Other: \_\_\_\_\_

**DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED:** \_\_\_\_\_

*NOTE: Additional licenses or endorsements may be required depending on the business activity - please check the Greenland Municipal Code as well as any state or federal regulations for all requirements.*

**NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE OFFICERS, AND RESIDENT AGENTS:** List true name(s), residence address, telephone number and date of birth of the sole proprietor or all partners or corporate officers/directors and their titles (attach a separate sheet, if needed).

NAME AND TITLE	RESIDENCE ADDRESS	CITY, STATE, ZIP	TELEPHONE	DATE OF BIRTH

**IF YOU PURCHASED THIS BUSINESS, DID YOU TAKE OVER:**   
 THE ENTIRE BUSINESS   
 ONLY A PORTION

FORMER OWNER'S NAME	CURRENT ADDRESS	CITY, STATE, ZIP	TELEPHONE	CUSTOMER #

**EMERGENCY/AFTER HOURS CONTACT INFORMATION**

List emergency or after hours contacts, including alternate contacts. PLEASE PRINT.

_____	_____	_____	_____	_____	_____
Name	Position	Contact #	Name	Position	Contact #
_____	_____	_____	_____	_____	_____
Name	Position	Contact #	Name	Position	Contact #
_____	_____	_____	_____	_____	_____
Name	Position	Contact #	Name	Position	Contact #

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION**

As applicant, I \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Arkansas that the foregoing is true and correct. All information given is subject to verification with State of Arkansas, Department of Revenue.

**SIGNATURE** \_\_\_\_\_                      **DATE** \_\_\_\_\_  
**PLEASE PRINT your NAME** \_\_\_\_\_                      **TITLE** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

**FEES DUE:**  
**MAKE CHECKS PAYABLE TO THE CITY OF  
 GREENLAND**

Business License Fee, **\$ 25.00**  
 (regardless of OPEN date)

Other applicable regulatory fees (specify).\$ \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Processed by: \_\_\_\_\_

	Initials	Date
Application Complete? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Zoning Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Permitted Use or Conditional? <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____
Documents forwarded to Planning Commission _____		

**FOR PLANNING STAFF COMPLETION**  
*To be completed by Planning Staff*

	Staff Name	Date
Zoning Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
All Plat Approvals Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

**PLANNING COMMISSION FINAL DETERMINATION:**

Approved  Denied  Other Action: \_\_\_\_\_

If approved:

Sign Administrator will need to check sign code compliance  YES  NO

Landscape Administrator will need to check landscape code compliance  YES  NO

Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If denied, reason for denial or other action taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Planning Chairman Signature Date

**Upon APPROVAL of this application by the Planning Commission,  
 you may obtain your City of Greenland Business License**



Planning Commission meetings are held on the first Monday of each month and begin at 6:30p.m. at City Hall, 8 E. Ross, Greenland, Arkansas.

**PLEASE NOTE THE CUTOFF DATE FOR THE MEETINGS YOU WISH TO ATTEND!**

**The cutoff date for all agenda item submissions is the 20<sup>th</sup> of each month. If the 20<sup>th</sup> fall on a weekend, the submissions must be received by close of business FRIDAY preceding the weekend.**

***No submissions will be accepted after the 20<sup>th</sup> for scheduling on the next agenda.***

For any questions, please contact City Hall  
521-5760