



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 number, vendor number, etc): _____
Federal Employment Identification Number: FEIN _____

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 #

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 15th of each month. If the 15th fall on a weekend, the submissions must be received by close of business FRIDAY preceding the weekend.

No submissions will be accepted after the 15th for scheduling on the next agenda.

For any questions, please contact City Hall
521-5760