

CITY OF JACKSONVILLE

BUSINESS PRIVILEGE LICENSE APPLICATION

www.cityofjacksonville.net



#1 Municipal Drive
Jacksonville, AR 72076
Phone: (501) 982-6071 - Public Works

BUSINESS INFORMATION

Business Name or DBA: _____

Business Desc.: _____

Business Entity: Corporation LLC Sole Proprietorship

Physical Address: _____

Mailing Address (if Different): _____

City State Zip

Signature: _____

Bus. Phone: _____

Other Phone: _____

Bus. Email: _____

Owner: _____

Email: _____

Contact Person: _____

Email: _____

POLICE DEPT./CODE ENFORCEMENT

- | | | | |
|---|--------------------------|--|-----------------------------------|
| DOCUMENTS REQ'D | PASS | FAIL | |
| <input type="checkbox"/> Owner ID | <input type="checkbox"/> | <input type="checkbox"/> Background Check | |
| <input type="checkbox"/> Copy of Lease | <input type="checkbox"/> | <input type="checkbox"/> Previous License Check | |
| <input type="checkbox"/> Premises Diagram | <input type="checkbox"/> | <input type="checkbox"/> AR Massage Board Check | <input type="checkbox"/> APPROVED |
| <input type="checkbox"/> AR Massage License | <input type="checkbox"/> | <input type="checkbox"/> Outstanding Violations or Liens | <input type="checkbox"/> DENIED |

**MESSAGE BUSINESSES ONLY
SEE PAGE 2 FOR
ADDITIONAL INSTRUCTIONS**

Date _____ Dept. Representative _____

ATF Approval (Fire Arm Sales)

WATER DEPARTMENT

- | | | | |
|--------------------------|--------------------------|--|--|
| YES | NO | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> RPZ Present | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Adequate Meter | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Adequate Service Line | |

Date Approved _____ Water Dept. Representative _____

WASTEWATER DEPARTMENT

- | | | | |
|--------------------------|--------------------------|---|--|
| YES | NO | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Pretreatment Necessary | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Pretreatment Device | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Adequate Service | |

Date Approved _____ Wastewater Dept. Representative _____

FIRE DEPARTMENT

- | | | | |
|--------------------------|--------------------------|---|--|
| YES | NO | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compliant with Fire & Life Safety Code | |

Date Approved _____ Fire Dept. Representative _____

ENGINEERING DEPARTMENT

- | | | | | |
|--------------------------|--------------------------|--|---|---------------------------------|
| YES | NO | N/A | Sanitation Service: | Expected No. of Employees _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Cert of Occupancy | <input type="checkbox"/> COJ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Exist. Tenant Dumpster | |
| | | | <input type="checkbox"/> Private: _____ | |

Zoning Classification: _____

Occupancy Classification: _____

Date Approved _____ Engineering Dept. Representative _____

Health Dept. Approval

DHS Acknowledgment

Statements of "No Objection"

FINANCE DEPARTMENT

PRIVILEGE LICENSE FEE

\$

Account No. _____

A & P Permit No. (if applicable) _____

Req'd
Standard Bus.
Home Based Bus.
Home Day Care
Massage Bus.
Food Service

Instructions:
Obtain approvals
in the order shown

STEP 1:

MESSAGE BUSINESSES ONLY - ALL OTHERS GO TO STEP 2

1400 Marshall Rd
(501) 982-0688
Contact:
Marissa Barger

STEP 2:

1900 Marshall Rd
(501) 982-6561
Contact:
Billy Travis or
Josh Mayden

STEP 3:

248 Cloverdale Rd
(501) 982-0581
Contact:
Joey Shofe

STEP 4:

900 N. Redmond Rd
(501) 985-0374
Contact:
Mike Williams or
Frankie Vanderhoof

STEP 5:

#1 Municipal Dr.
(501) 982-6071
Contact:
Manny Browder

STEP 6:

#1 Municipal Dr.
(501) 982-4502
Contact:
Roxie Cotten

FOR MASSAGE BUSINESS APPLICATIONS:

Police Department, Fire Department, Water, Wastewater, And Engineering must sign off prior to issuance of privilege license by the Finance Department. **Do not fax or copy this form. The City requires the original copy with signatures.**

Applicant will be provided a copy of city ordinance 1752 detailing operational requirements for a massage business.

CLEARING POLICE DEPARTMENT & CODE ENFORCEMENT:

PREMISES DIAGRAM

- No larger than 8.5 x 11 and shall include the dimensions and total square footage of the premises to be licensed, but not to scale
- Shall designate the use of each room or other definitive area to be licensed
- Shall show the type of control of the exterior areas of the premises to be licensed including fences, walls, and exterior entry/exit points
- If the premises to licensed consists of multiple levels, a separate diagram shall be filed for each floor.

BACKGROUND CHECK

- ASP form 122 must be taken or mailed to the Arkansas state police headquarters, ID Bureau at 1 State Police Plaza, Little Rock, AR 72209. If presented in person, provided systems are up, backgrounds can be obtained in 15 to 20 minutes. Applicant must pay a \$25.00 fee payable by check or money order. Applicant can have form notarized by the Jacksonville Police Department.

DISQUALIFYING FACTORS IN BACKGROUND CHECK

- Within the past 5 years, any misdemeanor conviction or guilty plea of:
 - Theft of Property
 - Fraud
 - Violent Offenses
 - Weapon Violations
 - Narcotics
- Any convictions or guilty plea of the following:
 - Felony Offenses Involving Violence
 - Felony Weapon Violations
 - Felony Narcotic Violations
 - Any Charge of Sexual Misconduct or Prostitution
 - Any Charge Related to Human Trafficking