

CITY OF DARDANELLE
2021 BUSINESS PERMIT APPLICATION
AND
COMMERCIAL OR INDUSTRIAL CERTIFICATE OF OCCUPANCY & COMPLIANCE
PERMIT FEE \$25.00

1. NAME OF BUSINESS _____ PHONE# _____
2. ARKANSAS SALES TAX # _____ LICENSE# _____
(Plumbers, Electricians, etc.)
3. PHYSICAL ADDRESS _____
4. MAIL ADDRESS IF DIFFERENT _____
5. EMAIL ADDRESS _____
6. NUMBER OF EMPLOYEES _____ # OF EMPLOYEES USUALLY ON SITE _____
7. NAME OF BUSINESS OWNER _____ PHONE # _____
8. OWNER'S HOME ADDRESS _____
9. NAME OF MANAGER _____ PHONE # _____
(AFTER HOURS)
10. NAME OF OWNER OF BUILDING _____ PHONE # _____
11. DESCRIPTION OF BUSINESS _____
12. HOURS OF OPERATION: From _____ To _____
13. TYPE & AMOUNT OF HAZARDOUS MATERIAL, INCLUDING RADIOACTIVE
MATERIAL, STORED OR USED ON SITE (OR STATE NONE): _____

APPLICANT'S SIGNATURE _____ DATE _____

BY JANUARY 31ST OF EACH YEAR, A CERTIFICATE OF OCCUPANCY AND COMPLIANCE SHALL BE
SUBMITTED TO THE DARDANELLE CITY CLERK.

\$25.00 DUE ON OR BEFORE JANUARY 31, 2020
\$1.00 PER DAY PENALTY BEGINNING FEBRUARY 1.

MAIL TO: CITY CLERK

P. O. BOX 360, DARDANELLE, AR 72834

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF DARDANELLE.

RE: ZONING ORDINANCE 1996-2 ARTICLE IX SECTION 3 C; ORDINANCE 1998-5; ORDINANCE 2000-10

**CITY OF DARDANELLE REFUSE DEPARTMENT
WASTE DISPOSAL PLAN
2021**

1. NAME OF BUSINESS OR INDUSTRY _____

2. ADDRESS _____

3. METHOD OF WASTE DISPOSAL

(A) DUMPSTER OTHER THAN CITY PICKUP YES _____ NO _____

NAME OF DISPOSAL COMPANY _____

(B) CITY PICKUP

(C) OTHER _____

EACH BUSINESS OR INDUSTRIAL ENTITY SHALL, BY JANUARY 15TH OF EACH YEAR, SUBMIT A WRITTEN PLAN TO THE CITY DEPARTMENT OF PUBLIC WORKS FOR APPROVAL BY THE CITY, OF THE ENTITY'S PROPOSED METHOD OF DISPOSAL OF WASTE. BUSINESS AND/OR INDUSTRIAL ENTITIES MAY ELECT TO USE THE CITY DISPOSAL SERVICES AND FEES FOR SUCH SERVICES SHALL BE SET BY THE CITY REFUSE DEPARTMENT UPON CONSULTATION WITH THE GRANTEE AND APPROVAL BY THE CITY COUNCIL. (ORDINANCE #1995-3 SECTION 1.01.14)

DARDANELLE POLICE DEPARTMENT

FIRE/POLICE COMPLEX

2005 Highway 22

P. O. Box 696

Dardanelle, AR 72834

(479)229-2533

BUSINESS EMERGENCY CONTACTS

NAME OF BUSINESS: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____

HOURS OF OPERATION: _____

ALARM COMPANY: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

Please put a title by contact (Owner, Manager, Employee, etc.)

1. _____ PHONE # _____

2. _____ PHONE # _____

3. _____ PHONE # _____

List any and all types of hazards that might present a threat to an Officer.

(ie: Quantities of Chemicals, Explosives, Dogs, Owner Lives on Premises)

PLEASE PROVIDE DETAILS:
