

ORDINANCE 2019-05

AN ORDINANCE AMENDING ORDINANCE 123-77 REGARDING ISSUANCE OF NEW BUSINESS OCCUPATION LICENSES AND THE INSPECTION OF BUSINESS PROPERTY'S BY CITY OF GASSVILLE OFFICIALS AND FOR OTHER PURPOSES.

WHEREAS, City Ordinance 123-77 provides no structure for inspections of business property's prior to the issuance of a license; and

WHEREAS, There is need for orderly inspections to be completed by city personnel prior to the issuance of a new business license to make sure that building, fire, plumbing and other codes are met to standards.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GASSVILLE, ARKANSAS.

SECTION 1.

That the attached Business Occupation License Checklist Form "Attachment A" is hereby adopted and is to be completed before a new business or new business owner is issued a Business Occupation License in the City of Gassville, Arkansas.

Adopted this 19th, day of Nov, 2019.

Approved:

Attest:


Jeff Braim, Mayor


Jeff Lewis, Recorder/Treasurer

BUSINESS OCCUPATION LICENSE**CHECKLIST FORM**

DATE: _____

BUSINESS NAME: _____ PHONE: () _____

ADDRESS (PHYSICAL LOCATION): _____

OWNER (S) NAME: _____ PHONE: () _____

OWNER (S) MAILING ADDRESS: _____

MANAGER/SUPERVISOR NAME: _____ PHONE: () _____
(PROPERTY OR SITE)**PLEASE CHECK APPROPRIATELY:**

Is the business going to be located in an existing structure?	Y _____	N _____
Is there a change in use of the property from previous business?	Y _____	N _____
What will be the operating hours of your business? (Planning & Zoning)	From: _____	to _____
Are there any special characteristics to be added to structure or property? (If yes, please provide information to Building Inspector).	Y _____	N _____
Any changes with signage for the business? (Sign Permit required) (If yes, please provide details to Building Inspector).	Y _____	N _____
Any alcohol sales/pharmaceutical firearms permits required for this business?	Y _____	N _____
Any new gas plumbing/water/sewer needs for this business? (If yes, please contact Public Works Superintendent)	Y _____	N _____

NOTE: ONCE ALL APPROPRIATE INSPECTIONS OF THE BUSINESS LOCATION HAVE BEEN COMPLETED AND CERTIFIED BY THE DATE AND SIGNATURE OF THE APPROPRIATE CITY OF GASSVILLE OFFICIAL BELOW, THE APPLICANT SHALL RECEIVE THEIR BUSINESS OCCUPATION LICENSE.

OWNER/APPLICANT SIGNATURE: _____ DATE SIGNED: _____

CITY USE ONLY:MAYNARD GADWAY PHONE: (870) 421-2754 DATE INSPECTED: _____
(BUILDING INSPECTOR) SIGNATURE: _____ C/O Y__ N__MICHAEL GLOTZL PHONE: (870) 706-1082 DATE INSPECTED: _____
(FIRE CHIEF) SIGNATURE: _____TONY FLIPPIN PHONE: (870) 421-2200 DATE INSPECTED: _____
(PUBLIC WORKS SUPERINTENDENT) SIGNATURE: _____TIM D. MAYFIELD PHONE: (870) 421-1971 SIGNATURE: _____
(POLICE CHIEF) ABC/PHARMACEUTICAL/FIREARMS PERMITS DATE: _____

DATE LICENSE APPROVED: _____ BY: _____