





## FRANCHISE APPLICATION PROCEDURE

All requests for private use franchises will be received by the Franchise Administrator who will determine if the appropriate documentation has been submitted. Additional information may be requested if necessary.

Franchise Approval: Once approved a "Franchise Acknowledgement" letter will be sent. Please sign and return within 30 days from date of letter. Failure to return "Acknowledgement" letter may result in franchise being revoked. If additional time is needed please contact our office at 918-5217 or 371-4818.

In conjunction with an approved Franchise, other permits (i.e. building, sign, street cut, barricade, etc.) may also be required.

**Processing time is 30 working days from the date the request is received by this office.**

There are several entities that must approve the request and forward their response to this office. Your request is processed as quickly as possible and we appreciate your patience.

**Should you have any questions concerning any part of the application, please call Mel Hall 918-5217 or Bennie Nicolo at 371-4818, fax 371-4460, e-mail [mhall@littlerock.org](mailto:mhall@littlerock.org) or [bnicolo@littlerock.org](mailto:bnicolo@littlerock.org)**



# FRANCHISE APPLICATION RIGHT-OF-WAY USE PERMIT

Franchise applications are accepted and issued on the basis that an extreme emergency exists which cannot be solved any other way and/or that it is in the public interest to issue. The correspondence address and location for the requested Franchise are not always the same, therefore a street address must be provided for the location of the requested franchise or the application process may be delayed.

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APPLICANT: \_\_\_\_\_

AGENT FOR: \_\_\_\_\_

ADDRESS (For Correspondence) \_\_\_\_\_ Little Rock, AR ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

FRANCHISEE BUSINESS NAME \_\_\_\_\_

OWNER'S NAME, IF DIFFERENT \_\_\_\_\_

ADDRESS for FRANCHISED ITEM \_\_\_\_\_  
(PHYSICAL STREET ADDRESS / LOCATION FOR FRANCHISED ITEM MUST BE PROVIDED)

CONTACT PERSON/AGENCY responsible for maintenance of Franchised item \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

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**REASON:** Please provide reason for the request and be specific in describing the item you are requesting the franchise for. Attach land survey showing the exact location of the encroachment, blueprints, and other related drawings. Include all measurements & dimensions. **An 8 1/2 x 11 copy will facilitate review.**

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Should this franchise be granted, it is understood that the City of Little Rock assumes no responsibility to maintain the installation or to replace any installation damaged or destroyed by Utility or City crews in their routine maintenance work. Also, the City assumes no responsibility should injury be inflicted on any one as a result of the presence or installation of the franchised item.  
*Fax: 371-4460*

\_\_\_\_\_  
Applicant's Name (Please Print Name)                      Applicant's Signature                      Date