

Request to come out of Inactive Status
Home Improvement - Renewal Application

ID# _____
(For office use only)

FILING FEE \$ _____

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Phone 501-372-4661
Fax 501-372-2247

Licensed Entity Name and License #, as it will appear on license:

Contact information for questions regarding this request:

Name: (Please Print) _____

Phone: _____

SUBMIT THE FOLLOWING WITH THIS APPLICATION:

This application will only be valid for 90 days once received in our office. IF the application is not complete within the 90 days, another filing fee, form, etc will be required.

- 1. FILING FEE – \$25.00 filing fee is required. Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.**
- 2. For Unlimited Home Improvement – The following this required:**
 - (a) Yes__ No__ Do you have one or more employees? If Yes, proof of workers compensation insurance is required for the licensed entity.**
 - (b) Provide a balance sheet (current or no more than a year old) listing the assets and liabilities of the licensed entity. The balance sheet must reflect a positive net worth. DO NOT include a personal residence, or retirement accounts.
A blank balance sheet is available on our website for your convenience at www.arkansas.gov/clb under forms. (Income statements are not acceptable.)
A schedule “L” from the tax returns will be accepted for an LLC.**