

City of Little Rock
Monthly Franchise Fee Remittance Form
Local Service Telecommunication Providers

Business Name:

Business Address:

Mailing Address:

Phone Number:

Email Address:

Account #:

Remittance for month ending:

A. Enter total access line revenues. If zero, enter 0.

B. Line A multiplied by .0732 =

C. Franchise fee owed to City of Little Rock

Date

Signature of duly authorized company representative

Print Signature Name

Title

Send Remittance and correspondence to:

Treasury Management Division
Demetria Keels
500 West Markham, Room 100
Little Rock, AR 72201
Phone: (501) 371-4547
Fax: (501) 371-4569
Email: dkeels@littlerock.gov
Website: www.littlerock.gov

City of Little Rock
Monthly Franchise Fee Remittance Form
Long Distance Providers

Business Name:

Business Address:

Mailing Address:

Phone Number:

Email Address:

Account #:

Remittance for month ending:

A. Enter # of long distance minutes. If zero, enter 0.

B. Line A multiplied by .004 =

C. Franchise fee owed to City of Little Rock

Date

Signature of duly authorized company representative

Print Signature Name

Title

Send Remittance and correspondence to:
Treasury Management Division
Demetria Keels
500 West Markham, Room 100
Little Rock, AR 72201
Phone: (501) 371-4547
Fax: (501) 371-4569
Email: dkeels@littlerock.gov
Website: www.littlerock.gov

Important Information

Remittance

Please complete a Remittance Form each month to accompany your franchise fee payment. If your gross receipts for the month are zero, a remittance form is still necessary. We suggest that you keep a copy of each completed remittance for your records.

Remit an original form properly signed by a duly authorized company representative. If you are sending it via email, please remit with an electronic signature.

If you need additional forms, you may access the form at www.littlerock.gov and click on For Businesses then Helpful Documents. You may also call (501) 371-4547 to request that a form be mailed or faxed.

Please make check payable to City of Little Rock and mail to:

City of Little Rock
Treasury Management Division
500 West Markham, Room 100
Little Rock, AR 72207

Phone: (501) 371-4547

Fax: (501) 371-4569

Email: dkeels@littlerock.gov

Amount: The Monthly Long Distance Providers Franchise Fee is \$.004 per minute for toll calls charged to a service address within the corporate limits of City of Little Rock, Arkansas.

Amount: The Monthly Local Service Telecommunication Providers Franchise Fee is 7.32% of the company's access line billing revenues for that particular month.

Payment Due Date: Franchise fees shall be payable on a monthly basis, and shall be due and payable on the fifteenth (20th) day of the month immediately following the month in which collection services were provided.

Audits: The City reserves its authority to inspect, audit and examine your records.