

Request to come out of Inactive Status
For Residential Builder - 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 the 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. *****

- 1. FILING FEE - \$50.00 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. 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 arkansas.gov/clb under "forms". (Income statements are not acceptable.) A schedule "L" from the tax returns will be accepted for an LLC.**
- 3. Yes___ No___ Do you have one or more employees? If yes, please provide proof of workers comp insurance for the licensed entity.**