

# Entrepreneur Fee Waiver Pilot Program

## Application

### Eligibility

To qualify for a waiver of your Arkansas state filing fees according to Act 857 of 2017, you must:

- Be a permanent resident of the state of Arkansas who possesses a driver's license PLUS one of the following – birth certificate, passport, green card, or tribal card.
- Be starting a business that has not previously existed in the state of Arkansas.
- Ensure that your business is eligible by checking to see that it is not on the “ineligible businesses” list derived from the federal Small Business Administration (see page 2-3).
- Agree to provide follow-up data (as described in Act 857 of 2017 and on page 6 of this application) in order to allow program administrators to evaluate the success of the Entrepreneur Fee Waiver Pilot Program.
- Meet the Secretary of State's eligibility requirements.

### Instructions

1. Complete pp. 4-6 of this form as indicated by typing in responses. Print, then sign and date and initial by hand in ink. Incomplete applications will not be considered.
2. Go to the Arkansas Secretary of State's Business and Commercial Services Website to find the form for submission of your filing fee: <https://www.sos.arkansas.gov/business-commercial-services-bcs/forms-fees>
3. Select the type of company you plan to form and then click on the PDF version of the form (e.g., Articles of Organization for an LLC). Fill out the form, but instead of consulting the fee schedules to determine your fee payment, submit the filing form along with the EFWPP application (items #1 and #2 in this list) to request your fee waiver.
4. Mail both of the documents (Secretary of State's filing form and EFWPP application) to:

ATTN: EFWPP  
Arkansas Secretary of State  
Business and Commercial Services  
1401 W. Capitol, Suite 250 Little  
Rock, AR 72201

**ADVISORY:** If your new corporation is found at any time to be **ineligible according to these eligibility conditions**, even after a fee waiver and incorporation, the corporation will be dissolved as the registration will be deemed invalid and void. The owner or founder will have to start over, reapply for corporate status and pay the filing fee, with no guarantee of approval.

**Eligibility Restrictions**

Please note that certain types of businesses are not eligible for the EFWPP. The categories for those ineligible businesses are aligned with the federal list of ineligible businesses in **13 CFR 120.110**.

The following types of businesses are NOT eligible:

- (a) Non-profit businesses (for-profit subsidiaries are eligible);
- (b) Financial businesses primarily engaged in the business of lending, such as banks, finance companies, and factors (pawn shops, although engaged in lending, may qualify in some circumstances);
- (c) Passive businesses owned by developers and landlords that do not actively use or occupy the assets acquired or improved with the loan proceeds (except Eligible Passive Companies under § 120.111);
- (d) Life insurance companies;
- (e) Businesses located in a foreign country (businesses in the U.S. owned by aliens may qualify);
- (f) Pyramid sale distribution plans;
- (g) Businesses deriving more than one-third of gross annual revenue from legal gambling activities;
- (h) Businesses engaged in any illegal activity;
- (i) Private clubs and businesses which limit the number of memberships for reasons other than capacity;
- (j) Government-owned entities (except for businesses owned or controlled by a Native American tribe);
- (k) Businesses principally engaged in teaching, instructing, counseling or indoctrinating religion or religious beliefs, whether in a religious or secular setting;
- (l) [Reserved]
- (m) Loan packagers earning more than one third of their gross annual revenue from packaging SBA loans;
- (n) Businesses with an Associate who is incarcerated, on probation, on parole, or has been indicted for a felony or a crime of moral turpitude;
- (o) Businesses in which the Lender or CDC, or any of its Associates owns an equity interest;
- (p) Businesses which:
  - (1) Present live performances of a prurient sexual nature; or
  - (2) Derive directly or indirectly more than *de minimis* gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature;

**(q)** Unless waived by SBA for good cause, businesses that have previously defaulted on a Federal loan or Federally assisted financing, resulting in the Federal government or any of its agencies or Departments sustaining a loss in any of its programs, and businesses owned or controlled by an applicant or any of its Associates which previously owned, operated, or controlled a business which defaulted on a Federal loan (or guaranteed a loan which was defaulted) and caused the Federal government or any of its agencies or Departments to sustain a loss in any of its programs. For purposes of this section, a compromise agreement shall also be considered a loss;

**(r)** Businesses primarily engaged in political or lobbying activities; and

**(s)** Speculative businesses (such as oil wildcatting).

*[ 61 FR 3235, Jan. 31, 1996, as amended at 82 FR 39502, Aug. 21, 2017]*

*The Arkansas Development Finance Authority supplies applications for the Entrepreneur Fee Waiver Pilot Program created under Act 857 of 2017 at the request of the Arkansas General Assembly.*

**FILLABLE FORM: Please TYPE responses, PRINT form, and SIGN by hand in ink.**

**I. GENERAL INFORMATION**

1. Legal name of applicant: \_\_\_\_\_
2. SSN or Fed. Tax ID: \_\_\_\_\_
3. Planned Business Name: \_\_\_\_\_
4. Planned type of company:  
 Sub-S  C-Corp  LLC  Other: \_\_\_\_\_
5. Mailing address of applicant: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. Website address: \_\_\_\_\_
8. Primary phone: \_\_\_\_\_
9. Other phone: \_\_\_\_\_
10. Fax: \_\_\_\_\_
11. Attorney/Accountant contact information (if applicable):  
 Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**II. PARTNERSHIPS**

Additional partners or owners:

1. Legal name of partner: \_\_\_\_\_
2. SSN or Fed. Tax ID: \_\_\_\_\_
3. Mailing address of partner: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Website address: \_\_\_\_\_
6. Primary phone: \_\_\_\_\_
7. Other phone: \_\_\_\_\_
8. Fax: \_\_\_\_\_

(For additional partners please attach an additional sheet giving this contact information for each partner. All owners and partners must be listed.)

**III. NAICS CODE**

The State of Arkansas uses the North American Industry Classification System (NAICS) to identify a firm's area of specialty or expertise. Please indicate below the NAICS code(s) for the business you plan to operate. NAICS codes may be found here: <https://www.naics.com/search/>

NAICS Code	Description of Work/Service
_____	_____
_____	_____

**IV. DESCRIPTION OF PLANNED BUSINESS**

Please describe in approximately 50-100 words your planned business including the type of products or services you will offer, where you will locate your business, and your target customers and sales channels or method of delivery.

List any related business entities:

**V. SIGNATURE (Note that signature, initials, and date below must be signed in ink after printout.)**

I certify that I am a permanent resident of the state of Arkansas who possesses the following forms of identification should verification be required: **driver's license** PLUS one of the following – birth certificate, passport, green card, or tribal card. \_\_\_\_\_ (initial)

I certify that I have not previously formed this business under any other name in Arkansas. \_\_\_\_\_ (initial)

I certify that this business is not a type of business listed as an “ineligible business” on pp. 2-3 of this application. \_\_\_\_\_ (initial)

I certify that this business is intended to create jobs **in the state of Arkansas** as follows: (list number of jobs and field, i.e. 5 sales reps, 1 manager, 10 pest control technicians):

I swear and affirm under penalty of law that the information submitted in this application is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ARKANSAS ENTREPRENEUR FEE WAIVER PILOT PROGRAM  
Access to Records – Participation Agreement Certification**

This certification is required in order to enable the Arkansas Development Finance Authority to fulfill the study and analysis requirement of Section 3(a) of Act 857 of 2017, which reads as follows:

*SECTION 3. TEMPORARY LANGUAGE. DO NOT CODIFY. Entrepreneur Fee Waiver Pilot Program – Report.*

*(a)(1) On or before December 15, 2018, the Arkansas Development Finance Authority shall review the effectiveness of the Entrepreneur Fee Waiver Pilot Program under § 15-5-714.*

*(2) The review described in subdivision (a)(1) of this section shall include without limitation:*

*(A) The number and type of Arkansas small businesses that are formed in connection with the program;*

*(B) The current status of each small business formed in connection with the program;*

*(C) The number of employees employed by each small business participating in the program;*

*(D) The economic impact to the state from the program;*

*(E) The satisfaction of participants in the program; and*

*(F) A recommendation as to whether the program should be continued beyond June 30, 2019.*

I have read the above text of Section 3(a) of Act 857 of 2017. As an owner or partner for the entity for which I am applying to the Entrepreneurship Fee Waiver Pilot Program under the entity’s planned name :

\_\_\_\_\_

or any other future name selected to describe the entity in this application, I certify to the State of Arkansas that the entity will grant to the Arkansas Development Finance Authority access to all books and records necessary to fulfill Section 3(a) of Act 857 of 2017, including without limitation current business status, number of employees, commentary on satisfaction with the EFWPP, and sundry information such as annual tax payments, new business partnerships, and annual balance sheets or sales reports that support an analysis of general economic impact, subject to the Right to Financial Privacy Act (12 U.S.C. § 3401 et seq.).

**PLEASE PRINT THIS FORM AND COMPLETE THE NAME, SIGNATURE AND DATE LINES BELOW BY HANDWRITING IN INK.**

\_\_\_\_\_

Owner/Partner name (printed, handwritten in ink)

\_\_\_\_\_

Owner/Partner name (signature, handwritten in ink)

\_\_\_\_\_

Date (Day/Month/Year, handwritten in ink)