

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: KFC # L518083

Address: 1101 W Keiser Ave, Osceola, AR 72370 Number of Employees: 12

Owner's Name: Tasty Chick'n Southeast LLC Phone Number: (870) 563-5566

Owner's Mailing Address: Legal Department, PO Box 866337 Plano, TX 75086-6337

Give a general description of the nature and activities of the Business: Fast Food Restaurant

Owner / Operator Signature: [Signature] Date: 12/28/2021

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 12/28/21

Business ☒ Does ☐ Does Not comply with the Osceola Zoning Regulations.

Date Issued 1/3/2022 Date Rejected _____

Fee 35.00 Expires on 01/01/2023 Processor _____

Comments _____

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

77.00081.00

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: Sandra's Art And Soul

Address: 405 S. Marjorie St Number of Employees: _____

Owner's Name: Sandra Jones Phone Number: 870-3752170

Owner's Mailing Address: P.O. Box 879 Osceola, Ar 72370

Give a general description of the nature and activities of the Business: _____

Handmade Items

Owner / Operator Signature: Sandra Jones Date: 2-8-2022

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 2/8/22

Business X Does _____ Does Not comply with the Osceola Zoning Regulations.

Date Issued 2.8.2022 Date Rejected _____

Fee 35 Expires on _____ Processor Cady SA

Comments _____

PAID

Complete and return this form to City Hall, 303 W. Hale, Attn: Ed Richardson

2/8/2022
L.D.

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: AS & B Car Care

Address: 230 Walnut B Number of Employees: 0

Owner's Name: PJ Phone Number: 870-815-1052

Owner's Mailing Address: _____

Give a general description of the nature and activities of the Business: redoing
Audio, alarms, And Car Tints

Owner / Operator Signature: Sheddie Myler Date: 8-8-22

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 8-9-22

Business _____ Does _____ Does Not comply with the Osceola Zoning Regulations.

Date Issued _____ Date Rejected _____

Fee 25.00 Expires on _____ Processor _____

Comments _____



PAID

8/9/2022
J.D.

77-96000-03

Privilege License Application Form

77-08100-01

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: K & T Williams Rentals

Address: 113 S Carthon Osceola Number of Employees: 0

Owner's Name: Kenneth Williams Phone Number: 870 549 0278

Owner's Mailing Address: 105 Mimosa Circle Osceola

Give a general description of the nature and activities of the Business: _____

Property management, Residential leasing

Owner / Operator Signature: [Signature] Date: 8-15-22

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 8/19/22

Business _____ Does _____ Does Not comply with the Osceola Zoning Regulations.

Date Issued 8/19/22 Date Rejected _____

Fee 25.00 Expires on _____ Processor Coley SA

Comments _____

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

77-54000-02

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT PARTICULAR BUSINESS.

Business Name: Hey Sister Sister
Address: 1736 Hwy 101 South Number of Employees: 1
Owner's Name: Peggy Darty Phone Number: 870-902-3609
Owner's Mailing Address: 106 E. Greenbriar, Osceola AR 72370

Give a general description of the nature and activities of the Business: _____

Sale of used & refinished furniture and home decor

Owner / Operator Signature: Peggy Darty Date: 8/15/2022

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 8-15-22

Business _____ Does _____ Does Not comply with the Osceola Zoning Regulations.

Date Issued 8/19/22 Date Rejected _____

Fee 25.00 Expires on _____ Processor Calvin Ely

Comments Appr



PAID

8/15/2022
2.7.



Privilege License Application

Date: 07/21/2022

Business / License Holder

Business Name: Smoker Friendly
Address: 1260 W Keiser Ave
City, State, Zip: Osceola, AR 72370
Phone: (870) 622-0151
Email: kaitlynd@flaherty-ohara.com;
eanderson@fridayfirm.com

License Holder: The Cigarette Store LLC
Address: 610 Smithfield Street, Suite
300
City, State, Zip: Pittsburgh, PA 15222
Phone: (412) 456-2132
Email: kaitlynd@flaherty-ohara.com

General Information

of Employees: 5

Date Received:

Project Description: Tobacco, Vapor, Alternative Nicotine, E- Liquid retailer

I do hereby certify that the information contained herein is true and correct.

Essabia Anderson

07/21/2022

Name

Date

Call 870-563-5245
to pay via phone

PAID
8/4/2022
J-D.

\$35



Privilege License Application

Date: 07/21/2022

Business / License Holder

Business Name: Smoker Friendly
Address: 1260 W Keiser Ave
City, State, Zip: Osceola, AR 72370
Phone: (870) 622-0151
Email: kaitlynd@flaherty-ohara.com;
eanderson@fridayfirm.com

License Holder: The Cigarette Store LLC
Address: 610 Smithfield Street, Suite
300
City, State, Zip: Pittsburgh, PA 15222
Phone: (412) 456-2132
Email: kaitlynd@flaherty-ohara.com

General Information

of Employees: 5

Date Received:

Project Description: Tobacco, Vapor, Alternative Nicotine, E- Liquid retailer

I do hereby certify that the information contained herein is true and correct.

Essabia Anderson

Name

07/21/2022

Date

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS, CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE



PAID

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT PARTICULAR BUSINESS.

Business Name: Baratelli Group / Mississippi County Affordable Housing, Food & Energy
Address: 214 E. HAWK Number of Employees: 2
Owner's Name: Phil Baratelli Phone Number: 870-563-0097
Owner's Mailing Address: P.O. Box 726 Osceola, AR 72370

Give a general description of the nature and activities of the Business: _____

Revitalize houses & buildings / open businesses.
This address will be our headquarters.

Owner / Operator Signature: Andy Leonan Date: 3/18/2022

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 3/23/22
Business X Does Does Not comply with the Osceola Zoning Regulations.
Date Issued 3/23/22 Date Rejected _____
Fee 635 Expires on _____ Processor Andy SA
Comments _____



PAID

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS, CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT PARTICULAR BUSINESS.

Business Name: Tri-State Sprinkler Corporation
Address: 3729 E. Raines Rd. Number of Employees: _____
Owner's Name: Barry K. Blackburn Phone Number: 901-365-9616
Owner's Mailing Address: 3729 E. Raines Rd. Memphis, TN 38118
Give a general description of the nature and activities of the Business: _____
Install Automatic Fire sprinklers
Owner / Operator Signature: Barry Blackburn Date: 3-1-22

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 4/7/22
Business X Does _____ Does Not comply with the Osceola Zoning Regulations.
Date Issued 3/1/22 Date Rejected _____
Fee 15 Expires on _____ Processor _____
Comments Approved

City of Osceola, AR
303 W. Hale
Osceola, AR 72370

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS, CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

77-23600-02

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT PARTICULAR BUSINESS.

Business Name: Hawks Tire & Automotive Service
Address: 92264 614 W Keiser Number of Employees: 3
Owner's Name: Douglas Greary Phone Number: 251-401-8067
Owner's Mailing Address: 614 W Keiser, Osceola AR 72370
Give a general description of the nature and activities of the Business: General Automobile repair services, sell new tires
Owner / Operator Signature: Douglas Greary Date: April 29, 2022

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 7/29/22
Business X Does Does Not comply with the Osceola Zoning Regulations.
Date Issued 5/2/22 Date Rejected
Fee 55 Expires on Processor
Comments

PAID

Complete and return this form to City Hall, 303 W. Hale, Attn: Ed Richardson

4/29/2022
J.D.



Privilege License Application

Date: 03/23/2022

Business / License Holder

Business Name: LOHIT ENTERPRISES LLC
Address: 357 S DIVISION STREET
City, State, Zip: Blytheville, VA 72315
Phone: 2024878221
Email: bala@trilokinc.com

License Holder: Balkumar Periyasamy
Address: 357 S DIVISION STREET
City, State, Zip: Blytheville, AR 72315
Phone: 2024878221
Email: bala@trilokinc.com

General Information

of Employees: 1

Date Received:

Project Description: TAXI and CAB Service

RECEIVED

MAR 24 2022

By: ST

I do hereby certify that the information contained herein is true and correct.

Balakumar Periyasamy

Name

03/23/2022

Date

77.00088.00 . 835

PAID

3/25/2022

J.D.

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: Bennie Washington
Address: 103 N. WAZANT Number of Employees: ①
Owner's Name: Bennie Washington Phone Number: 870.815.1245
Owner's Mailing Address: 113 Magnolia Street, Joiner, Ar 7235

Give a general description of the nature and activities of the Business: Life Insurance, Medicare Supplement & Medicare Advantage Plans

Owner / Operator Signature: Bennie Washington Date: 10/31/22

NPN # 8819140
ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received _____

Business _____ Does _____ Does Not comply with the Osceola Zoning Regulations.

Date Issued _____ Date Rejected _____

Fee 35.⁰⁰ Expires on _____ Processor _____

Comments _____



PAID

10/31/2022

D.D.

PAID
10/10/2022
2.D

Privilege License Application Form

77-08508-0

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: Von's Tasty Wings & Soul Food LLC
Address: 302 South Poplar St Number of Employees: 2
Owner's Name: Levon Miller Phone Number: 1870-622-930
Owner's Mailing Address: 302 South Poplar St.
Give a general description of the nature and activities of the Business: An Eatery
Owner / Operator Signature: [Signature] Date: 9-30-22

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 10/3/22
Business X Does Does Not comply with the Osceola Zoning Regulations.
Date Issued 10/3/22 Date Rejected
Fee 35.00 Expires on Processor Cody SH
Comments



PAID

10/3/2022
D.D.

Privilege License Application Form

77-08400-01

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.


NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: Von's Tr.
Address: 300 South Poplar St. Number of Employees: 2
Owner's Name: Levon Miller Phone Number: 1-870-622-9360
Owner's Mailing Address: 300 South Poplar St.
Give a general description of the nature and activities of the Business: laundromat
Owner / Operator Signature: [Signature] Date: 9-30-22

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 10/3/22
Business X Does Does Not comply with the Osceola Zoning Regulations.
Date Issued 10/3/22 Date Rejected
Fee 35.00 Expires on Processor [Signature] SA
Comments

 **PAID**
10/3/2022
J.D.

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

77.00052.00

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: Cajon Buck's Custom Crawfish
Address: 400 Phillips Dr Number of Employees: 0
Owner's Name: Louis Gibbs Phone Number: 985-640-5702
Owner's Mailing Address: 400 Phillips Dr.
Give a general description of the nature and activities of the Business: crawfish &
seafood Market / sales
Owner / Operator Signature: [Signature] Date: 1-31-22

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 1/31/22
Business X Does Does Not comply with the Osceola Zoning Regulations.
Date Issued 1/31/22 Date Rejected
Fee 35 Expires on 1/31/23 Processor Cody SR
Comments

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS, CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

77.17700.01

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT PARTICULAR BUSINESS.

Business Name: Raymun Auto, LLC
Address: 1098 W Keiser St, 72370 Number of Employees: _____
Owner's Name: Emad AlZayadneh Phone Number: 870 576 5043
Owner's Mailing Address: 503 W Ford Ave, Osceola, AR 72370
Give a general description of the nature and activities of the Business: Used Auto dealer

Owner / Operator Signature: [Signature] Date: 01/31/2022

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received 1/3/22
Business ☒ Does ☐ Does Not comply with the Osceola Zoning Regulations. C3 Highway Commercial
Date Issued 1/31/22 Date Rejected XX
Fee \$35 Expires on 1/31/23 Processor Cody [Signature]
Comments Highway Commercial

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS, CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

77.99900.02

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT PARTICULAR BUSINESS.

Business Name: In My Skin Day Spa

Address: 311 W Hale Number of Employees: 1

Owner's Name: Makka Joplin Phone Number: 501 240 7804

Owner's Mailing Address: 311 W Hale

Give a general description of the nature and activities of the Business: Day SPA, -
SKIN CARE & Body Waxing

Owner / Operator Signature: M Joplin Date: 1-27-22

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

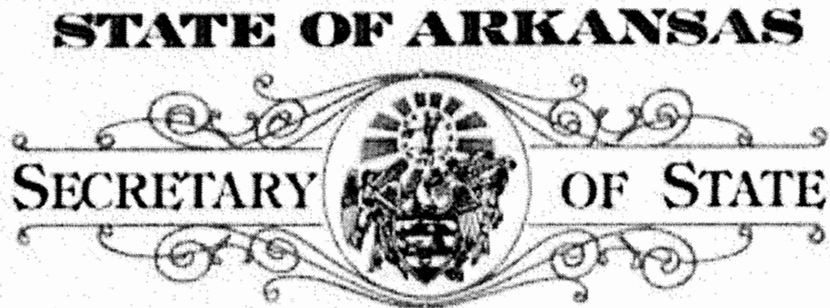
Date Received _____

Business _____ Does _____ Does Not comply with the Osceola Zoning Regulations.

Date Issued _____ Date Rejected _____

Fee _____ Expires on _____ Processor [Signature]

Comments _____



John Thurston
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

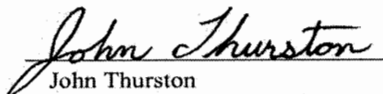
Articles of Organization

of

IN MY SKIN DAY SPA, LLC.

filed in this office
May 16, 2019

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 16th day of May 2019.


John Thurston
Secretary of State

Online Certificate Authorization Code: 2364625cdd9d562815b
To verify the Authorization Code, visit sos.arkansas.gov

