

Updated 6/5/09



City of North Little Rock  
City Clerk's Office  
P.O. Box 5757  
North Little Rock, AR 72119

To Be Completed by Clerk's Office:  
Permit Number Assigned: \_\_\_\_\_  
Date: \_\_\_\_\_

**ADVERTISING AND PROMOTION TAX PERMIT APPLICATION**

***(PLEASE PRINT ALL INFORMATION)***

Application Date \_\_\_\_\_ Business Opening Date: \_\_\_\_\_  
Month, Date, Year Month, Date, Year

Business Name \_\_\_\_\_

Business Type: *(check one)* Business Association: *(check one)*  
 Caterer ONLY  Corporation  
 Concessionaire/Event Vendor  LLC (Limited Liability Company)  
 Convenience Store  Limited Partnership  
 Restaurant  General Partnership  
 Other \_\_\_\_\_  Sole Proprietorship

Physical Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Business FAX \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Website address: \_\_\_\_\_

Business Mailing address *(if different than physical location)*:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list all owners or partners in this business:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

*(Note: A copy of applicant's driver's license will be required.)*

Applicant's Home Address, City, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ I verify that I received the "Operating a Business in North Little Rock Summary" and the Prepared Food Definition ordinance.

Applicant's signature: \_\_\_\_\_