

Updated 11/15/11



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

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

ADVERTISING AND PROMOTION TAX PERMIT APPLICATION
(PLEASE PRINT ALL INFORMATION)

Application Date _____ Business Opening Date: _____
Month, Date, Year Month, Date, Year

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

Business Name _____

Business Type: (check one)

- Caterer ONLY
- Concessionaire/Event Vendor*
- Convenience Store
- Restaurant
- Bed and Breakfast
- Hotel # rooms _____
- Motel # rooms _____

Business Association: (check one)

- Corporation
- LLC (Limited Liability Company)
- Limited Partnership
- General Partnership
- Sole Proprietorship

* Concessionaires/Event Vendors are required to list where they will be doing business in North Little Rock!

Business Physical Address (required*) _____ Zip Code _____

Business Telephone Number _____ Business FAX _____

E-Mail address: _____ Website address: _____

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

City _____ State _____ Zip Code _____

Complete the following for all majority owners or partners in this business:

	Owner/Partner 1	Owner/Partner 2	Owner/Partner 3
Name			
Title			
Mailing Address			
City			
State			
Zip			
Business Phone #			
E-mail Address			

_____ I verify receiving *Operating a Business in North Little Rock* and the *Prepared Food Definition ordinance*.

Applicant's Name _____ Title _____

Applicant's signature: _____