

Updated 9/1/09



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

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
 Bed and Breakfast Sole Proprietorship
 Hotel
 Motel
 Other _____

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: _____