



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

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 _____

Doing Business As: _____

Business Type: (check one)
 Caterer ONLY
 Concessionaire/Event Vendor*
 Mobile Food 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: **PLEASE PRINT NO P.O. BOX**

	Owner/Partner 1	Owner/Partner 2	Owner/Partner 3
Name			
Title			
Home Address			
City			
State			
Zip			
Phone # (HM & Cell)			
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: _____