

Benton

Advertising & Promotion Commission

A&P TAX PERMIT APPLICATION

Date _____

Name of Business _____

Corporate Name (if different from operating name) _____

EIN # _____

Is this Business a Food Truck: Yes ☐ No ☐

City Event(s) You Plan on Attending: _____

Address of Business:

(Please Include Street Address, City, State, Zip)

Business Phone _____ Home/Cell Phone _____

Business Started Month _____ Year _____

Owner's Name (Please Print) _____

Home Address _____
(Please Include Street Address, City, State, Zip)

E-Mail Address _____

Mailing address (if different than business location)

(Please Include Street Address, City, State, Zip)

Signature of owner or owner representative: _____

Documents required to be submitted with the application:

- 1) City privilege license
- 2) Sales tax permit from State of Arkansas
- 3) Health Department permit

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Office Use Only

Permit #: _____

Date Issued: _____