

# 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

#### Address of Business

Street Address (or P. O. Box) \_\_\_\_\_

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

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

Business Started Month \_\_\_\_\_ Year \_\_\_\_\_

Owner's Name (Please Print) \_\_\_\_\_

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

Home Address \_\_\_\_\_  
(Please Include Street Address, City, State, Zip)

E-Mail Address \_\_\_\_\_

Mailing address (if different than business location)

Street Address (or P. O. Box) \_\_\_\_\_

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

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: \_\_\_\_\_