



**City of North Little Rock - City Clerk's Office**  
 300 Main Street, North Little Rock, AR 72114  
 (501) 975-8617

|                                    |       |
|------------------------------------|-------|
| To Be Completed by Clerk's Office: |       |
| Permit Number Assigned:            | _____ |
| Date:                              | _____ |
| CC Clerk:                          | _____ |
| Updated: 3/2016                    |       |

**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\*/Food Truck
- Convenience Store
- Restaurant
- Bed and Breakfast
- Hotel/Motel # rooms \_\_\_\_\_
- RV Park/Campground # sites \_\_\_\_\_
- Vacation Rentals (Airbnb, VRBO, Etc.) # 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 |
|--------------------------------|-----------------|-----------------|-----------------|
| <b>Name</b>                    |                 |                 |                 |
| <b>Title</b>                   |                 |                 |                 |
| <b>Home Address</b>            |                 |                 |                 |
| <b>City</b>                    |                 |                 |                 |
| <b>State</b>                   |                 |                 |                 |
| <b>Zip</b>                     |                 |                 |                 |
| <b>Phone # (HM &amp; Cell)</b> |                 |                 |                 |
| <b>E-Mail Address</b>          |                 |                 |                 |

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

**Applicant's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_