

SEARCY ADVERTISING & TOURISM PROMOTION COMMISSION

APPLICATION FOR A&P TAX PERMIT

GROSS RECEIPTS TAX - 1% RESTAURANT / 3% HOTEL

(Please type or print all information.)

NAME OF ESTABLISHMENT - for which an A&P Tax Permit is sought (dba - Name as known to the public)

Physical Street Address of Establishment (no P.O. Boxes):

City: State: Zip:

Phone at Establishment: Fax at Establishment:

Website for Establishment:

Contact Person on Site: Title:

Contact Person's Cell #: E-mail:

FULL LEGAL NAME OF BUSINESS

that owns the establishment for which an A&P Tax Permit is sought

TYPE OF ESTABLISHMENT

Please select business type below:

- Sole Proprietorship
Corporation (Inc.)
Limited Liability Company (LLC)
General Partnership (G.P.)
Limited Partnership (LTD)
Limited Liability Partnership (LLP)
Other (Give nature of business below)

Food Services

Select all that apply

- Restaurant/Café
Cafeteria
Delicatessen
Convenience Store
Grocery Store Rest.
Caterer
Concession Stand / Event Vendor

Lodging Services

Select all that apply

- Hotel
Motel
Extended Stay
Historic Inn
Bed & Breakfast

Number of Guest Rooms available to the Public:

Seating capacity:

Business Billing Name & Address:

City: State: Zip: Phone:

Fax: E-mail:

Business Billing Contact: Title:

I declare under penalty of perjury, that this application (including any accompanying schedules) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete application.

Original Signature of Owner/Partner/Officer

Printed Name of Owner/Partner/Officer

Date

RETURN COMPLETED FORM TO:

City of Searcy A&P
401 West Arch Avenue
Searcy, AR 72143
Phone: 501-268-2483 Fax: 501-268-2104

OFFICE USE ONLY

Present Owners Permit #:
Date Opened on System:
Previous Owner's Permit #:
Date Closed on System: