## CONWAY ADVERTISING & PROMOTION COMMISSION 2% HOTEL & RESTAURANT GROSS RECEIPTS TAX ("A&P TAX") <u>APPLICATION FOR A&P TAX PERMIT</u>

PLEASE TYPE OR PRINT

1. NAME OF ESTABLISHMENT for which an A&P Tax F	Permit is sought (As "doing business as" to the public):
PHYSICAL STREET ADDRESS OF ESTABLISHMENT (	(No P.O. Box):
	CITY: <u>Conway</u> STATE: <u>AR</u> ZIP:
PHONE AT ESTABLISHMENT: ()	FAX AT ESTABLISHMENT: ()
WEBSITE FOR ESTABLISHMENT:	
CONTACT PERSON LOCATED AT ESTABLISHMENT:	
CONTACT PERSON'S TITLE:	
CONTACT PERSON'S PHONE AT ESTABLISHMENT: (	)
CONTACT PERSON'S MOBILE PHONE: ()	
2. FULL LEGAL NAME OF BUSINESS that owns the esta	ablishment for which an A&P Tax Permit is sought:
CHECK ONE - SOLE PROPRIETORSHIP	
CORPORATION (INC.)	
LIMITED LIABILITY COMPANY (L.	LC)
GENERAL PARTNERSHIP (G.P.) LIMITED PARTNERSHIP (LTD.)	
LIMITED LIABILITY PARTNERSHI	P (LLP)
OTHER (please detail nature of busines	ss)
BUSINESS BILLING ADDRESS:	
	STATE: ZIP:
PHONE: ()FAX: ()	EMAIL:
BUSINESS BILLING CONTACT:	TITLE:
3. SOLE PROPRIETORSHIP INFORMATION (complete of	only if applicable):
· · · · · ·	
	ZIP: COUNTY:
	PROPRIETOR'S FAX: ()
	TROFRIETOR'S PAA. ()

4. ENTITY INFOR	RMATION (INC., LLC, G.P., I	LTD., LLP, OTHER	(complete only if	applicable):	
HEADQUARTERS	ADDRESS:				
CITY:			_ STATE:		_ ZIP:
STATE OF INCOR	PORATION, FORMATION, OF	R ORGANIZATION	:		
YEAR OF INCORE	PORATION, FORMATION, OR	ORGANIZATION:			
HEADQUARTERS	PHONE: ()	Н	EADQUARTERS 1	FAX: ()	
EMPLOYER ID NU	JMBER (EIN):				
NAME AND TITL	E OF EACH OFFICER OF ENT	ITY:			
SHAREHOLDER	/ MEMBER / GENERAL PAR	TNER INFORMA	TION: Identify belo	ow all shareholder	s, members, or genera
partners having a 10	0% or greater equity ownership ir	nterest in the applyin	g entity:		
FULL LEGAL NAI	ME of shareholder/member/gener	ral partner:			
CHECK <u>ONE</u> : □ Sł	nareholder   Member   General	Partner			
	NATURAL PERSON CORPORATION (INC.) LIMITED LIABILITY COM GENERAL PARTNERSHIP ( LIMITED PARTNERSHIP ( LIMITED LIABILITY PAR' OTHER (please detail nature	(G.P.) (LTD.) TNERSHIP (LLP)			
		·			
SOCIAL SECURIT DATE OF BIRTH (		rson):			
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU	Y NUMBER (only if natural per	son):			
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NI ADDRESS:	Y NUMBER (only if natural per only if natural per JMBER (EIN):	city:		STATE:	ZIP:
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU ADDRESS: PHONE: ()_	Y NUMBER (only if natural per only if natural per JMBER (EIN):	cson):CITY:	EMAIL:	STATE:	ZIP:
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU ADDRESS: PHONE: ()_ FULL LEGAL NAI	Y NUMBER (only if natural per only if natural person):  JMBER (EIN):  FAX: (	CITY:	EMAIL:	STATE:	ZIP:
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU ADDRESS: PHONE: ()_ FULL LEGAL NAI CHECK ONE: _ SH CHECK ONE:	Y NUMBER (only if natural person):	CITY: ral partner: Partner  IPANY (LLC) (G.P.) (LTD.) TNERSHIP (LLP)	EMAIL:	STATE:	ZIP:
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU ADDRESS: PHONE: ()_ FULL LEGAL NAI CHECK <u>ONE</u> :	Y NUMBER (only if natural per only if natural person):	CITY: ral partner: Partner  MPANY (LLC) (G.P.) (LTD.) TNERSHIP (LLP) of owner)	EMAIL:	STATE:	ZIP:
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NI ADDRESS: PHONE: ()_ FULL LEGAL NAI CHECK ONE: _ SI CHECK ONE: SOCIAL SECURIT	Y NUMBER (only if natural per only if natural person):	CITY: ral partner: Partner  IPANY (LLC) (G.P.) (LTD.) TNERSHIP (LLP) of owner) rson):	EMAIL:	STATE:	ZIP:
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU ADDRESS: PHONE: ()_ FULL LEGAL NAI CHECK ONE: _ SH CHECK ONE: SOCIAL SECURIT DATE OF BIRTH (	Y NUMBER (only if natural per only if natural person):	CITY: ral partner: Partner  MPANY (LLC) (G.P.) (LTD.) TNERSHIP (LLP) of owner) rson):	EMAIL:	STATE:	ZIP:
SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU ADDRESS: PHONE: ()_ FULL LEGAL NAI CHECK ONE: □ SH CHECK ONE: □ □ □ □ SOCIAL SECURIT DATE OF BIRTH ( EMPLOYER ID NU	Y NUMBER (only if natural per only if natural person):	CITY: ral partner: Partner  MPANY (LLC) (G.P.) (LTD.) TNERSHIP (LLP) of owner) rson):	EMAIL:	STATE:	ZIP:

FULL LEGAL NAM	E of shareholder/me	mber/general partner:					
CHECK ONE: □ Shar	reholder   Member	☐ General Partner					
	NATURAL PERS						
	_ CORPORATION						
	CONTONATION (INC.) LIMITED LIABILITY COMPANY (LLC) GENERAL PARTNERSHIP (G.P.)						
	_ LIMITED PARTI						
		LITY PARTNERSHIP (L	LP)				
			,				
	_ •						
SOCIAL SECURITY	NUMBER (only if						
DATE OF BIRTH (or	nly if natural person	):					
EMPLOYER ID NUN	MBER (EIN):						
PHONE: ()	F	FAX: ()	EMAIL:		<del>-</del>		
If space is needed to i	dentify additional sl	nareholders / members / ge	eneral partners, please attac	ch additional sheets	s as necessary.		
5. TYPE OF ESTAB	BLISHMENT (chec	k only one):					
A. □ Lodging	g Services						
Tyr	e of Lodging Servic	es facility (check one or r	nore).				
171		•		TT 1			
	□ Hotel □ Mot	el □ Bed & Breakfast □ H	istoric Inn   Extended Stay	y □ Hostel			
Nur	nber of guest rooms	available to public:					
			of a type listed in this secti	ion five (5) located	l in facility		
1141	ne and seating capac	or each establishment	or a type fisted in this seed	1011 11 (0) 1000100	· III Iuciiity.		
	aga attach ayumant an	to be used many with mi	and for each such actablish	mant located in fac	.:1:4		
		_	ces for each such establish		-		
B. □ Restaur	_		Please attach current		=		
C. □ Cafeter			Please attach current		_		
D.   Delicate			Please attach current		=		
E. □ Concess			Please attach current				
F. □ Conven			Please attach current				
	y Store Restaurant		Please attach current		-		
H. □ Private	Club	Seating Capacity	Please attach current	or to-be-used men	u with prices.		
( (T)   ND   DD D   1	ZG AND HOUDS O	T OPERATION ( I. I.					
		OF OPERATION (check					
□ Monday -	nours of operat	uon					
□ Tuesday -							
□ Wednesda	y - hours of operat	tion					
□ Thursday -	hours of operat	tion					
□ Friday -	hours of operat	tion					
□ Saturday -							
□ Sunday -	•						
□ Seven days	s a week - 24 hours	a day					

7. Are or will alcoholic beverages be served at the physic	· ·	
If YES, please furnish the <b>Alcohol Beverage Con</b>	<b>itrol</b> (ABC) number or numbers under which	n the establishment is
operating:		
Private Club; ABC number		
8. If the applicant is either a Restaurant, Café, Cafeteria Restaurant, or Private Club, please identify the name, a amount of purchases:	address, and phone number of its three (3)	
9. Does the business identified in section two (2) operate location within the City of Conway other than the physical If YES, please list all locations, names, addresses	ical address identified in section one (1)?	□ YES □ NO
10. Is the establishment identified in section one (1) the establishment? □ YES □ NO	result of a purchase or assumption of the	operations of an existing
If YES, provide the name and A&P Tax Permit number 327-2834 to determine if any delinquent A & P taxes are		
Former Establishment Name	Former Establi	shment A&P Tax Permit Number
11. I DECLARE UNDER PENALTY OF PERJURY THAT T	THIS ADDITION (INCLUDING ANY AC	COMPANVING SCHEDIII ES
HAS BEEN EXAMINED BY ME AND, TO THE BEST OF M		
COMPLETE.		,
Original Signature of Shareholder/ Member/Partner/Officer	Printed Name and Title	Date
OUESTIONS APOUT DAVMENT OF TAX OR	DETURN COMPLETE	D FORM TO:
QUESTIONS ABOUT PAYMENT OF TAX OR DELINQUENT ACCOUNTS:	RETURN COMPLETE  CONWAY ADVERTISING & PROMO	
Lisa Stephens Certified Public Accountant, PLC	Michael O. Garrett, Conway City C	·
715 Front Street	1111 Main Street	
Conway, AR 72032	Conway, AR 72032	
PH – 501.327.2834 / FAX – 501.327.6663	PH - 501.513.3501	
	Or email to: denise.hurd@conwa	yarkansas.gov
	□ Or email to: denise.hurd@conwa	yarkansas.gov
OFFICIAL USE ONLY	□ Or email to: denise.hurd@conwa	yarkansas.gov
Application Approved Denied	□ Or email to: denise.hurd@conwa	yarkansas.gov
Application Approved Denied Permit #	□ Or email to: denise.hurd@conwa	yarkansas.gov
Application Approved Denied	□ Or email to: denise.hurd@conwa	yarkansas.gov

Date previous owner's permit closed on system \_\_\_\_/\_\_\_/