



INTERNAL USE ONLY
Permit Number: _____
Date Issued: _____
Staff Initials: _____

**Pine Bluff Advertising and Promotion Commission**

623 S. Main Street, Pine Bluff, AR 71601  
870.534.2121

**ADVERTISING AND PROMOTION TAX PERMIT APPLICATION**

PLEASE PRINT ALL INFORMATION

**ALL INFORMATION IS REQUIRED**

**APPLICATION DATE:** \_\_\_\_\_ **BUSINESS OPENING DATE:** \_\_\_\_\_  
(Month, Date, Year) (Month, Date, Year)

**Business Name:** \_\_\_\_\_

**Arkansas Sales Tax Permit Number:** \_\_\_\_\_

- |   |             |  |  |
|---|-------------|--|--|
| <b>Foodservice (Check One)</b>                        | <b>-OR-</b> | <b>Lodging (Check One)</b>                   | <b>Business Association (Check One)</b>                  |
| <input type="checkbox"/> Caterer ONLY                 |             | <input type="checkbox"/> Bed and Breakfast   | <input type="checkbox"/> Corporation                     |
| <input type="checkbox"/> Concessionaire/Event Vendor* |             | <input type="checkbox"/> Hotel/Motel # rooms | <input type="checkbox"/> LLC (Limited Liability Company) |
| <input type="checkbox"/> Food Truck*                  |             | <input type="checkbox"/> RV Park/Campground  | <input type="checkbox"/> Limited Partnership             |
| <input type="checkbox"/> Convenience Store            |             | <input type="checkbox"/> Vacation Rental     | <input type="checkbox"/> General Partnership             |
| <input type="checkbox"/> Grocery Store                |             | (Airbnb, VRBO, etc.)                         | <input type="checkbox"/> Sole Proprietorship             |
| <input type="checkbox"/> Restaurant                   |             |  |  |

\*Concessionaires/Event Vendors and Food Trucks are required to list where you will be doing business in Pine Bluff.

**Business Physical Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**Business Mailing Address** (if different than physical location): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Accounting Contact Information** (Who will be handling taxes on behalf of the business?):

**Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Owner/Responsible Party Information

Complete the following for all majority owners or partners in this business:

- Complete the lines for each responsible party who is an owner, partner, member, corporation officer or trustee.
- Attach additional pages if needed.
- In the case of limited partnerships, complete this section for each general partner.

	Owner/Partner/Responsible Party 1	Owner/Partner/Responsible Party 2	Owner/Partner/Responsible Party 3
Name			
Title			
Social Sec. # or EIN #			
Mailing Address			
City			
State			
Zip Code			
Business Phone #			
Home Phone #			
Email Address			

### Important – Read Before Signing:

This registration form must be signed by persons liable for collecting and remitting the A&P Tax. The Proprietor must sign for sole proprietorship. I declare under the penalties of perjury that the information provided (including any accompanying statements) has been examined by me, and to the best of my knowledge and belief, is true, correct, and complete.

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

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

### PLEASE NOTE:

- **The A&P Tax Permit must be renewed annually, at no charge.**
- **This Permit is non-transferable** – If your business closes or moves or if you sell or otherwise transfer ownership of the business to another person, your A&P Tax Permit expires and must be returned to the Commission within 30 days. If the business moves, you must apply for and obtain a new A&P Tax Permit to do business at the new location, If there is a new owner of the business, the new owner must apply for and obtain a new A&P Tax Permit issued in its name to do business at that location.