

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

PLEASE TYPE OR PRINT

1. NAME OF ESTABLISHMENT for which an A&P Tax Permit is sought (As "doing business as" to the public):

PHYSICAL STREET ADDRESS OF ESTABLISHMENT (No P.O. Box):

CITY: Conway STATE: AR 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: (____) _____

CONTACT PERSON'S EMAIL: _____

DATE BUSINESS WILL OPEN _____

2. FULL LEGAL NAME OF BUSINESS that owns the establishment for which an A&P Tax Permit is sought:

- CHECK ONE** - SOLE PROPRIETORSHIP
 CORPORATION (INC.)
 LIMITED LIABILITY COMPANY (LLC)
 GENERAL PARTNERSHIP (G.P.)
 LIMITED PARTNERSHIP (LTD.)
 LIMITED LIABILITY PARTNERSHIP (LLP)
 OTHER (please detail nature of business) _____

BUSINESS BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

BUSINESS BILLING CONTACT: _____ TITLE: _____

3. SOLE PROPRIETORSHIP INFORMATION (complete only if applicable):

PROPRIETOR'S FULL LEGAL NAME: _____

PROPRIETOR'S SOCIAL SECURITY NUMBER: _____

PROPRIETOR'S EMPLOYER ID NUMBER (EIN): _____

PROPRIETOR'S DATE OF BIRTH: _____

PROPRIETOR'S PLACE OF BIRTH: _____

PROPRIETOR'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PROPRIETOR'S HOME PHONE: (____) _____ PROPRIETOR'S FAX: (____) _____

PROPRIETOR'S MOBILE PHONE: (____) _____

PROPRIETOR'S EMAIL: _____

4. ENTITY INFORMATION (INC., LLC, G.P., LTD., LLP, OTHER) (complete only if applicable):

HEADQUARTERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STATE OF INCORPORATION, FORMATION, OR ORGANIZATION: _____

YEAR OF INCORPORATION, FORMATION, OR ORGANIZATION: _____

HEADQUARTERS PHONE: (____) _____ HEADQUARTERS FAX: (____) _____

EMPLOYER ID NUMBER (EIN): _____

NAME AND TITLE OF EACH OFFICER OF ENTITY: _____

SHAREHOLDER / MEMBER / GENERAL PARTNER INFORMATION: Identify below all shareholders, members, or general partners having a 10% or greater equity ownership interest in the applying entity:

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: Shareholder Member General Partner

CHECK ONE: _____ NATURAL PERSON
_____ CORPORATION (INC.)
_____ LIMITED LIABILITY COMPANY (LLC)
_____ GENERAL PARTNERSHIP (G.P.)
_____ LIMITED PARTNERSHIP (LTD.)
_____ LIMITED LIABILITY PARTNERSHIP (LLP)
_____ OTHER (please detail nature of owner) _____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: Shareholder Member General Partner

CHECK ONE: _____ NATURAL PERSON
_____ CORPORATION (INC.)
_____ LIMITED LIABILITY COMPANY (LLC)
_____ GENERAL PARTNERSHIP (G.P.)
_____ LIMITED PARTNERSHIP (LTD.)
_____ LIMITED LIABILITY PARTNERSHIP (LLP)
_____ OTHER (please detail nature of owner) _____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: Shareholder Member General Partner

CHECK ONE: _____ NATURAL PERSON
_____ CORPORATION (INC.)
_____ LIMITED LIABILITY COMPANY (LLC)
_____ GENERAL PARTNERSHIP (G.P.)
_____ LIMITED PARTNERSHIP (LTD.)
_____ LIMITED LIABILITY PARTNERSHIP (LLP)
_____ OTHER (please detail nature of owner) _____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

If space is needed to identify additional shareholders / members / general partners, please attach additional sheets as necessary.

5. TYPE OF ESTABLISHMENT (check only one):

A. Lodging Services

Type of Lodging Services facility (check one or more):

Hotel Motel Bed & Breakfast Historic Inn Extended Stay Hostel

Number of guest rooms available to public: _____

Name and seating capacity of each establishment of a type listed in this section five (5) located in facility:

Please attach current or to-be-used menu with prices for each such establishment located in facility.

- | | | |
|--|------------------------|---|
| B. <input type="checkbox"/> Restaurant or Café | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| C. <input type="checkbox"/> Cafeteria | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| D. <input type="checkbox"/> Delicatessen | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| E. <input type="checkbox"/> Concession Stand | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| F. <input type="checkbox"/> Convenience Store | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| G. <input type="checkbox"/> Grocery Store Restaurant | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |
| H. <input type="checkbox"/> Private Club | Seating Capacity _____ | Please attach current or to-be-used menu with prices. |

6. STANDARD DAYS AND HOURS OF OPERATION (check all that apply):

- Monday - hours of operation _____
- Tuesday - hours of operation _____
- Wednesday - hours of operation _____
- Thursday - hours of operation _____
- Friday - hours of operation _____
- Saturday - hours of operation _____
- Sunday - hours of operation _____
- Seven days a week - 24 hours a day

7. Are or will alcoholic beverages be served at the physical address identified in section one (1) above? YES NO

If YES, please furnish the **Alcohol Beverage Control (ABC)** number or numbers under which the establishment is operating:

____ Beer; ABC number _____
____ Wine; ABC number _____
____ Mixed Drinks; ABC number _____
____ Private Club; ABC number _____

8. If the applicant is either a Restaurant, Café, Cafeteria, Delicatessen, Concession Stand, Convenience Store, Grocery Store Restaurant, or Private Club, please identify the name, address, and phone number of its three (3) top food suppliers based on amount of purchases: _____

9. Does the business identified in section two (2) operate any of the types of establishments listed in section five (5) at any location within the City of Conway other than the physical address identified in section one (1)? YES NO

If YES, please list all locations, names, addresses and A&P Tax Permit numbers on a separate schedule.

10. Is the establishment identified in section one (1) the result of a purchase or assumption of the operations of an existing establishment? YES NO

If YES, provide the name and A&P Tax Permit number of the former establishment and contact Lisa Stephens CPA at 501-327-2834 to determine if any delinquent A & P taxes are due. Permit will not be issued until this information is verified.

Former Establishment Name

Former Establishment A&P Tax Permit Number

11. 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 TRUE, ACCURATE, AND COMPLETE.

Original Signature of Shareholder/ Member/Partner/Officer

Printed Name and Title

Date

QUESTIONS ABOUT PAYMENT OF TAX OR DELINQUENT ACCOUNTS:

Lisa Stephens Certified Public Accountant, PLC
715 Front Street; Conway, AR
PH – 501-327-2834
FAX - 501.327.6663

RETURN COMPLETED FORM TO:

CONWAY ADVERTISING & PROMOTION COMMISSION C/O
Michael O. Garrett, Conway City Clerk 1201 Oak Street;
Conway, AR 72032
PH - 501.450.6100
FAX - 501.450.6109

OFFICIAL USE ONLY

Application ____ Approved ____ Denied

Permit # _____

Date opened on system ____/____/____

Date notice of denial sent ____/____/____

Previous owner's permit # _____

Date previous owner's permit closed on system ____/____/____