

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

PLEASE TYPE OR PRINT

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**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 \_\_\_\_\_

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

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

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

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**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) \_\_\_\_\_

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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) \_\_\_\_\_

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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: \_\_\_\_\_

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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.

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**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. |

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**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 \_\_\_\_\_

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

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**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.

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**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 Barbara Money at 501-329-3776 to see if any back 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

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**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

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**COMMENTS OR QUESTIONS:**

BARABARA MONEY, CPA, P.A.  
815 FIFTH STREET  
CONWAY, AR 72032  
501.329.3776

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**RETURN COMPLETED FORM TO:**

CONWAY ADVERTISING & PROMOTION COMMISSION  
c/o MICHAEL O. GARRETT, CONWAY CITY CLERK  
1201 OAK STREET  
CONWAY, AR 72032  
501.450.6109 FAX  
501.450.6100

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**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 \_\_\_\_/\_\_\_\_/\_\_\_\_