To Be Completed by
City Clerk's Office
Permit #_____
Date:_____

**CITY OF SHERWOOD - CITY CLERK'S OFFICE**
**2199 E. KIEHL AVE. (501) 835-5319**
**SHERWOOD, AR 72120 (501) 835-1274 fax**

# ADVERTISING AND PROMATION TAX PERMIT APPLICATION
**(Please Print ALL Information)**

Application Date:_____ Business Opening Date:_____
Month, Date, Year Month, Date, Year

Business Name:_____

Business Type: (check ONLY one)
_____ Caterer
_____Concessionaires/Event Vendor*
_____Convenience Store
_____Restaurant
_____Bed & Breakfast
_____Hotel #rooms_____
_____Motel #rooms_____

Business Association: (check one)
_____Corporation
_____LLC (Limited Liability Co.)
_____Limited Partnership
_____General Partnership
_____Sole Proprietorship

*Concessionaires/Event Vendors are required to list where they will be doing business in Sherwood*

Business Physical Address (required)_____

City_____State_____Zip Code_____

Business Telephone #_____Business Fax#_____

Email / Website Address:_____

Business Mailing Address (If different from physical location)

Address_____City_____ST_____Zip Code_____

Please list all owners in this business:

1._____ 3._____

2._____ 4._____

Applicant's Name_____ Title_____
(***NOTE: A copy of applicant's driver's license will be required***.)

Applicant's Home Address_____City_____ST_____Zip_____

Home Phone #_____ Cell Phone #_____

By signing this application I verify that I have received a copy of the "Rules for Sherwood Advertising & Promotion - Ordinance #1909"

Applicant's signature:_____Date:_____