

**City of Sherwood
Advertising and Promotion Commission
P.O. Box 6256
Sherwood, AR 72124**

ADVERTISING AND PROMOTION TAX PERMIT APPLICATION

Date _____

Name of Business _____

Type of Business _____

Address _____

Business Telephone Number _____ Zip Code _____

Business Started: Month _____ Year _____

Owner's Name (Please Print) _____

Mailing address if different than business location:

Street Address _____

City _____ State _____ Zip Code _____

Signature of owner or owner representative: _____