

**APPLICATION FOR OBTAINING AN
ADVERTISING AND PROMOTION TAX PERMIT
IN THE CITY OF LONOKE**

Business Name: _____
Business Location Address: _____, Lonoke, AR 72086
Business Phone Number: _____ **Contact Name:** _____
Contact email address: _____
Responsible Party Driver's License: _____
Zoning District of Business Location: _____
Owner or Corporation Name: _____
Owner/Corporate Address: _____
City: _____ State: _____ Zip Code: _____
Corporate Phone Number: _____ Contact Name: _____
State of Arkansas Sales Tax Permit Number: _____
Federal Tax I.D. or Owner Social Security Number: _____
Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

DOCUMENTS REQUIRED FOR PERMIT ISSUANCE:

- 1) Copy of Federal Tax ID or Owner's Social Security Number (if sole proprietor)
- 2) Copy of State of Arkansas Sales Tax Permit Number
- 3) Copy of Ark Dept of Health Inspection Approval (for food vendors only)
- 4) Copy of Written and Signed Agreement from Property Owner for use of the property.

Clerk's Signature: _____

Approval Date: _____ Tax Permit Number Assigned: AP-_____