



ADVERTISING & PROMOTION COMMISSION

TAX APPLICATION

almaarkansas.gov

APPLICATION DATE

OFFICE USE ONLY

BUSINESS INFORMATION:

ACCOUNT NUMBER

NAME OF BUSINESS

BUSINESS TELEPHONE NUMBER

BUSINESS MAILING ADDRESS

BUSINESS PHYSICAL ADDRESS

BUSINESS STATE/FEDERAL ID (FEIN)

OWNERSHIP INFORMATION:

BUSINESS OWNER

BUSINESS OWNER TELEPHONE NUMBER

BUSINESS OWNER EMAIL

ACCOUNTANT/BOOK-KEEP INFORMATION:

ACCOUNTANT/BOOK-KEEP NAME

ACCOUNTANT/BOOK-KEEP TELEPHONE NUMBER

ACCOUNTANT/BOOK-KEEP EMAIL

I affirm that, to the best of my knowledge, the information contained within this application is true and complete. I understand that it is my responsibility to inform the Advertising & Promotion Commission (A&P Commission) Secretary within 30 days of any information changes. I understand that incorrect information does not negate responsibility to pay the 1% sales tax from my applicable gross revenue to the A&P Commission. I understand that reporting false tax information may result in penalties including fines, liens, and judgements against my business and against the owner.

PRINT NAME OF OWNER

SIGNATURE OF OWNER

DATE