



ADVERTISING & PROMOTION COMMISSION

TAX APPLICATION

\_\_\_\_\_  
APPLICATION DATE

OFFICE USE ONLY

\_\_\_\_\_  
ACCOUNT NUMBER

**BUSINESS INFORMATION:**

\_\_\_\_\_  
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