



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

CITY OF SHERWOOD
ADVERTISING AND PROMOTION COMMISSION
2199 E. KIEHL AVENUE (72120) P.O. BOX 6256 (72124)
SHERWOOD, AR

PHONE (501)835-5319
FAX (501) 835-1274
EMAIL: clerks@cityofsherwood.net

ADVERTISING AND PROMOTION TAX PERMIT APPLICATION
(Please Print ALL Information)

Application Date: _____
Month, Date, Year

Business Opening Date: _____
Month, Date, Year

Business Name: _____

Foodservice: (Check One)

Caterer
 Concessionaires/Event Vendor*
 Convenience Store

Lodging (Check One)

Bed and Breakfast # rooms _____
 Hotel/Motel # rooms _____
 Vacation Rentals (Airbnb, VRBO, etc.) #rooms _____

Restaurant **will there be Mixed Drinks served (YES) (NO)

Food Truck** (please check one:) Mobile Canteen Seasonal Entertainment District

**** Food Truck Setup Location:** _____

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

****Food Trucks Must** provide documentation from property owner showing permission to be on premises
and if in the Entertainment District must provide copy of rental agreement. **

Business Physical Address: _____ City _____ State _____ Zip _____

Business Telephone # _____ Fax# _____ Email: _____

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 & #2247 Mixed Drinks Ordinance #188 & #2036**

Applicant's Signature: _____ Date: _____