

Permit # _____

CITY OF MENA
ADVERTISING AND PROMOTION COMMISSION
BUSINESS PERMIT APPLICATION

Date: _____, 20 ____

Federal EIN # _____

Name of Business _____
(Business name including fictitious name if applicable)

Corporation ___ LLC ___ Partnership ___ Sole Proprietorship ___ Other ___

Lodging Facility _____

Hotel/Motel ___ Bed & Breakfast ___ Loft ___ House ___ Condo ___ Cabin ___

Vacation Rental ___ Other ___

Airbnb ___ VRBO ___ Third Party Facilitator ___

If the Airbnb, VRBO, or Other 3rd Party Facilitator does not collect the Mena A&P Tax, **it is the sole responsibility of the business owner** to manually calculate, collect, and submit the tax monthly to the Mena Advertising and Promotion Commission with the tax form provided by the Commission.

Prepared Food Service _____

Restaurant ___ Cafe ___ Fast Food/Drive-In ___ Deli ___ Mobile Food Service ___

Catering ___ Concession Stands ___ Grocery/Convenient Store ___

Physical Address of the Business _____

Business Phone # _____

Cell Phone # _____

Mailing address if different than business location _____

City _____ State _____ Zip Code _____

Business Email _____

Website Address _____

Business started: Month ___ Year ___ Description of Operations _____

AR Secretary of State Business Filing # _____ # of employees _____

Owner/Highest Officer's Name (*Printed*) _____

Driver's License # _____ State _____ (**Attach color copy**)

Phone # _____ Email _____

Owner/Highest Officer's Home Address _____

City _____ State _____ Zip Code _____

CONTINUED.....

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Co-Owner/Second Highest Officer's Name (Printed) _____

Driver's License # _____ State _____ **(Attach color copy)**

Phone # _____ Email _____

Co-Owner/Second Highest Officer's Home Address _____

City _____ State _____ Zip Code _____

Manager's Name (Printed) _____

Driver's License # _____ State _____ **(Attach color copy)**

Phone # _____ Email _____

Manager's Home Address _____

City _____ State _____ Zip Code _____

Is this business an Airbnb, VRBO, or 3rd Party Facilitator? Yes ___ No ___

Does this business sell any type of alcoholic beverages? Yes ___ No ___

Is this business going to be operated out of your home? Yes ___ No ___

Has the Owner/Co-Owner/etc. operated a business in Mena before? Yes ___ No ___

Business property owned? ___ Or Leased? ___

If leased, please provide property owner's information:

Property Owner's Name _____ Phone # _____

A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND VOID

I certify that all information stated is true and accurate to the best of my knowledge and belief.
I acknowledge I have read all A&P Ordinances.

Signed _____

Owner or Authorized Representative

Please return application to:
Mena Advertising and Promotion Commission
524-A Sherwood Avenue, Mena, AR 71953
Questions? Call 479-394-4585

Approved by Mena Advertising and Promotion Commission

_____ Date _____