City of Fayetteville
HOTEL/MOTEL/RESTAURANT
DATA SHEET

Establishment Name _____

Business Address _____

City, State Zip _____

Mailing Address _____

City, State Zip _____

Business Telephone _____ Opening Date _____

State Sales Tax Permit # _____

List All Persons Owning or Holding Interest in Establishment:

(Attach additional sheet providing same information if more than two persons to be listed)

	Person 1	Person 2
Name		
Address		
City, State Zip		
Home Phone #		
Social Sec. #		
Date of Birth		
Drivers Lic. #		

Person Responsible For Payment of Taxes:

Name _____ Driver's Lic. # _____

Title _____ Date of Birth _____

Home Address (including City, State Zip) _____

Home Phone # _____ Social Security # _____

E-mail Address _____

Prepared By Title Date

_____

Return To: City of Fayetteville
ATTN: Accounting Division
113 West Mountain
Fayetteville, Arkansas 72701