



To Be Completed by Clerk's Office:

Permit Number: _____

Date: _____

CC Clerk: _____

Hot Springs Advertising & Promotion Commission

P.O. Box 6000, Hot Springs, AR 71902

Phone: (501) 321-4378

Email: hsaccounting@hotsprings.org

ADVERTISING & PROMOTION TAX PERMIT APPLICATION

(PLEASE PRINT ALL INFORMATION)

Application Date: _____
Month, Date, Year

Business Opening Date: _____
Month, Date Year

Business (DBA) Name: _____

Business Corporate Name (If Different): _____

Business Type: (check one)

- ☐ Caterer ONLY
- ☐ Concessionaire/Event Vendor*
- ☐ Convenience Store
- ☐ Restaurant
- ☐ Hotel/Motel
- ☐ Vacation Home Rental

Business Association: (check one)

- ☐ Corporation
- ☐ LLC (Limited Liability Company)
- ☐ Limited Partnership
- ☐ General Partnership
- ☐ Sole Proprietorship

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

Business Physical Address (required) _____ **Zip Code** _____

Business Telephone Number _____ **Business FAX** _____

Email Address _____ **Website address** _____

Business Mailing Address (if different than physical location) _____

City _____ **State** _____ **Zip Code** _____

Tax Contact Information: The person in your company who prepares and submits or reviews the tax forms

Name _____

Title _____

Phone Number _____

Address (including City, State, Zip) _____

Email Address _____

Owner/Responsible Party Information

Complete the following for all majority owners or partners in this business:

- Complete the lines for each responsible party who is an owner, partner, member, corporation officer or trustee.
- Attach additional pages if needed.
- In the case of limited partnerships, complete this section for each general partner.

	Owner/Partner/Responsible Party 1	Owner/Partner/Responsible Party 2	Owner/Partner/Responsible Party 3
Name			
Title			
Social Sec. #			
Mailing Address (NO PO Box or Business Address)			
City			
State			
Zip Code			
Home Phone #			
Email Address			

***** INCLUDE COPY OF DRIVERS LICENSE *****

Important – Read Before Signing.

This registration form must be signed by persons liable for collecting and remitting the 3% A&P Tax. The Proprietor must sign for sole proprietorship. I declare under the penalties of perjury that the information provided (including any accompanying statements) has been examined by me, and to the best of my knowledge and belief, is true, correct, and complete.

Applicant's Name _____ Title _____

Applicant's Signature: _____ Date _____

Return to:

Hot Springs Advertising & Promotion Commission
ATTN: Accounting Dept.
P.O. Box 6000
Hot Springs, AR 71902



www.hotsprings.org

Hot Springs Web Site Dining Form

Please type or print legibly:

Business name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (local): _____ Toll free: _____ Fax: _____

Website Address: _____ E-mail Address: _____

Dress Code: _____ Handicap Accessible: _____

Days open: _____ Hours: _____

Details: _____

Menu Style (please choose ONE or designate if you have a style unlisted):

American		American / Buffet		American / Deli	
American / Fast Food		Asian / Chinese		Asian/Buffer	
Asian/Vietnamese		Bakery / Desserts		Bar	
Barbecue		Catering		Coffee Shop / Cafe	
Confectionary / Ice Cream		Fine Dining		Fish / Seafood	
Fusion		German		Indian	
Italian		Latin / Mexican		Pizza	
Steakhouse		Vegetarian			

Expense: Reasonable (under \$10) _____

Moderate (\$10-\$20) _____

Expensive (\$20 & over) _____

Credit Card(s) you accept: Visa _____ Mastercard _____ Other _____
Discover _____ American Express _____

Discounts: AAA _____ Military _____
AARP _____ Senior _____ Other: _____

Contact name: _____

Signature: _____ Date: _____

*

Contact: Ashley Hill / Hot Springs Convention & Visitors Bureau/ ahill@hotsprings.org

321-2027 office * 134 Convention Blvd, Hot Springs, AR 71901

Welcome to the Hot Springs Hospitality Industry!

As a collector of the 3% hospitality tax you are entitled to receive the monthly newsletter produced by the Hot Springs Convention & Visitors Bureau. This newsletter, ResorTalk, contains the listing of meetings and conventions scheduled each month in Hot Springs. This information will help you prepare for conventioners visiting our city. To be added to the newsletter e-mail list, please complete the following information and email to: eparker@hotsprings.org

Name of Business _____

Name of Contact _____

Mailing address _____

_____ City

_____ State

_____ Zip Code

Local Telephone _____

Local Fax _____

E-Mail Address _____

Must include e-mail address because ResorTalk is only sent via e-mail

Toll Free Number, if available _____

We often provide information to tourists who call about places to stay and/or places to eat, please share information below to help our telephone clerks:

Type of Business _____

If Lodging, special amenities of interest to tourists and/or conventioners

If Restaurant, type of food served and hours of operation, days open
