



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:** \_\_\_\_\_ **Business Opening Date:** \_\_\_\_\_  
 Month, Date, Year 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:

<ul style="list-style-type: none"> <li>• Complete the lines for each responsible party who is an owner, partner, member, corporation officer or trustee.</li> <li>• Attach additional pages if needed.</li> <li>• In the case of limited partnerships, complete this section for each general partner.</li> </ul>			
	<b>Owner/Partner/Responsible Party 1</b>	<b>Owner/Partner/Responsible Party 2</b>	<b>Owner/Partner/Responsible Party 3</b>
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 all 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.

Name \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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](http://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: \_\_\_\_\_

Expense:

Reasonable (under \$10) \_\_\_\_\_

Moderate (\$10-\$20) \_\_\_\_\_

Expensive (\$20 & over) \_\_\_\_\_

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	

Credit Card(s) you accept:

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_  
 Discover \_\_\_\_\_ American Express \_\_\_\_\_ Other \_\_\_\_\_

Discounts:

AAA \_\_\_\_\_ Military \_\_\_\_\_  
 AARP \_\_\_\_\_ Senior \_\_\_\_\_ Other: \_\_\_\_\_

Contact name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Contact: Nikki Fryar / Hot Springs Convention & Visitors Bureau/ [nfryar@hotsprings.org](mailto:nfryar@hotsprings.org)  
 501-321-2027 office \* 501-620-5008 fax \* 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: [tmohan@hotsprings.org](mailto:tmohan@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

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

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