



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 Fax: (501) 620-5007
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 Name: _____

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's Information Next Page

Owner/Responsible Party Information

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

<ul style="list-style-type: none"> • 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. # or FEIN #			
Mailing Address			
City			
State			
Zip Code			
Business Phone #			
Home Phone #			
Email Address			

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: _____

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 Property Form

Name of Property: _____

Contact Name: _____

Spa Bucks Coupons: yes no

Online Booking URL: _____

Address: _____

City / State: _____ Zip: _____

Phone: _____ Fax: _____

Web Site address: _____

E-mail address: _____

Details: _____

Lodging type: Hotels/Motels/Resorts Bed & Breakfast Cabins
(Please choose ONE) Camping/RV Facilities Houseboats Condos/Homes

Number of Units: _____

Features: Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Banquet Facilities | <input type="checkbox"/> Bar/Lounge | <input type="checkbox"/> Business Center Facilities |
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> Coffee Maker in Rooms | <input type="checkbox"/> Data ports in Rooms |
| <input type="checkbox"/> Express Check-out | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Fitness Center on Site |
| <input type="checkbox"/> Free Breakfast | <input type="checkbox"/> Free Local Calls | <input type="checkbox"/> Free Newspaper |
| <input type="checkbox"/> Free Parking | <input type="checkbox"/> Hair Dryer in Rooms | <input type="checkbox"/> Handicap Accessible Rooms |
| <input type="checkbox"/> Heated Pool | <input type="checkbox"/> Honeymoon Suite | <input type="checkbox"/> Hot Tub/Jacuzzi |
| <input type="checkbox"/> In Room Movies | <input type="checkbox"/> Indoor Pool | <input type="checkbox"/> Iron/Ironing Board in Rooms |
| <input type="checkbox"/> Kitchenette | <input type="checkbox"/> Laundry Service | <input type="checkbox"/> Meeting Facilities |
| <input type="checkbox"/> Microwave in Rooms | <input type="checkbox"/> Non-smoking Rooms | <input type="checkbox"/> Outdoor Pool |
| <input type="checkbox"/> Pets Allowed | <input type="checkbox"/> Refrigerator in Rooms | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Room Service | <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Sauna on Site |
| <input type="checkbox"/> Shops on Site | <input type="checkbox"/> Internet | |

Directly on Lake: Catherine DeGray Hamilton Ouachita

*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
