



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 for SHORT TERM RENTALS

(PLEASE PRINT ALL INFORMATION)

Application Date: _____
Month, Date, Year

Business Opening Date: _____
Month, Date Year

Business (DBA) Name: _____

Business Corporate Name (If Different): _____

Business Association (check one):

- _____ Corporation
- _____ LLC (Limited Liability Company)
- _____ Limited Partnership
- _____ General Partnership
- _____ Sole Partnership

Rental Unit Physical Address (required) _____ **Zip Code** _____

Business Telephone Number _____ **Business FAX** _____

Email Address _____ **Website address** _____

Business Mailing Address _____

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"> • 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 COLOR COPY OF DRIVERS LICENSE FOR EACH PERSON ABOVE*****

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