CITY OF HOT SPRINGS

Office Use Only

ACCT#_____

517 AIRPORT RD, STE C
PO BOX 6300
HOT SPRINGS, AR 71902-6300
PHONE (501)321-6826 FAX (501)321-6833

MIXED DRINK, SUPPLEMENTAL, LIQUOR & BEER & WINE PERMITS

BUSINESS NAME (DBA) _____

CORPORATE NAME _____

BUSINESS PHONE _____ **CORPORATE PHONE** _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
STREET CITY STATE ZIP

BUSINESS FEDERAL ID# OR SOCIAL SECURITY # _____

OWNER'S NAME _____ **HOME PHONE**_____

OWNER'S ADDRESS_____
STREET CITY STATE ZIP

PERMIT HOLDERS NAME_____ **PERMIT HOLDERS ADDRESS**_____

TYPE OF BUSINESS_____**SEATING CAPACITY**_____ **STATE LICENSE NUMBER** _____

WILL FOOD BE SERVED? YES NO (IF YES, COMPLETE OCCUPATION TAX APPLICATION)

DATE OPENED_____ **CODE OF BUSINESS** _____ **DRIVERS LICENSE #** _____

AMOUNT DUE: MIXED DRINK $_____ **LIQUOR $**_____ **BEER $**_____ **SUPPLEMENTAL TAX %**_____

_____

OWNER'S SIGNATURE **OWNER'S PRINTED NAME** **DATE**

LIQUOR AND BEER

CODE A: BOTH BEER & LIQUOR **FEE: LIQUOR $200 PLUS $50 OCCUPATION TAX**
CODE B: BEER & WINE ONLY **BEER & WINE - GROSS SALES**
CODE C: LIQUOR ONLY

MIXED DRINK

CODE A: SEATING CAPACITY OF 100 OR MORE $1000.00

CODE B: SEATING CAPACITY OF LESS THAN 100.....$ 500.00

CODE C: PRIVATE CLUBS ONLY .....$ 250.00

SUPPLEMENTAL TAX

PRIVATE CLUBS ONLY .....5% **ALL OTHERS.....10%**