CITY OF HOT SPRINGS

349 MALVERN AVE
PO BOX 6300
HOT SPRINGS, AR 71902-6300
PHONE (501)321-6826 FAX (501)321-6833

ACCT# _____

BUSINESS/OCCUPATION TAX APPLICATION

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 # _____

ARKANSAS STATE SALES TAX # _____

ADVERTISING & PROMOTION COMMISSION TAX # _____
(Hotel, Motel, Restaurant & Concession 3% sales tax)

OWNER'S NAME _____ HOME PHONE _____

OWNER'S ADDRESS _____
STREET CITY STATE ZIP CODE

COULD THIS BUSINESS BE CONSIDERED SEXUALLY ORIENTED? __YES __ NO *If Yes, Complete a Sexually Oriented Application*

DO YOU SERVE ALCOHOL?___YES ___ NO *If Yes, Complete a City Alcohol Permit Application & submit with copy of your State License*

BRIEF DESCRIPTION OF BUSINESS: _____

DATE OPENED IN HOT SPRINGS _____ DRIVERS LICENSE NUMBER _____
Month Day Year

OTHER APPLICABLE INFORMATION _____

OFFICE USE ONLY

BUSINESS CLASSIFICATION _____ TYPE _____

YEARLY TAX $ _____ TAX DUE $ _____

THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

_____
OWNER'S SIGNATURE OWNER'S PRINTED NAME DATE

Occupation taxes are renewable and due the 1st of each year. Statements are mailed the first week of January and tax becomes delinquent April 1st. Any payment not received or postmarked by March 31 will be charged a 10% penalty.