



CITY OF HOT SPRINGS

ACCT# _____

324 MALVERN AVE, STE 207

PO BOX 6300

HOT SPRINGS, AR 71902-6300

PHONE (501)321-6826 FAX (501)321-6833 EMAIL mnunez@cityhs.net

BUSINESS LICENSE APPLICATION

BUSINESS NAME (DBA) _____

CORPORATE NAME _____

BUSINESS PHONE _____ CORPORATE PHONE _____

BUSINESS ADDRESS _____

STREET CITY STATE ZIP CODE

MAILING ADDRESS _____

STREET CITY STATE ZIP CODE

FAX # _____ EMAIL ADDRESS _____

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

IS THIS BUSINESS RELATED TO ANIMALS? (KENNELS, GROOMING, ETC) YES_NO If yes, complete Animal Control Permit Application

BRIEF DESCRIPTION OF BUSINESS: _____

DATE OPENED IN HOT SPRINGS _____ DRIVERS LICENSE NUMBER _____

OTHER APPLICABLE INFORMATION _____

WILL SOLICITATION BE CONDUCTED AT THIS LOCATION? YES_NO If Yes, complete solicitation application.

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 _____

Business License fees are renewable and due the 1st of each year. Statements are mailed the first week of January and fees become delinquent February 28th. Any payment not received or postmarked by February 28 will be charged a 10% penalty. Any payment not received by March 31 will be charged a 30% penalty.

***** Please provide Certificate of Occupancy from Planning & Development. *****

This is obtained at 133 Convention Blvd, phone 501-321-6872 or 321-6846