



City Advertising and Promotion Commission Tax Permit Application

P.O. Box 522 • Eureka Springs, AR 72632 • 479-253-7333

Email: admin@eurekasprings.org • Website: www.capc.biz

PLEASE NOTE: *Any misrepresentations or falsification of the information sought below may result in revocation of the permit as granted.*

Name of Business: _____

Business Address: _____

Business Phone: _____

Name of Owner: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please select the appropriate business type(s) below:

Lodging:

- | | | | |
|---------------------------------|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Airbnb | <input type="checkbox"/> VRBO | <input type="checkbox"/> Camping | <input type="checkbox"/> House Rental |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Cabin | <input type="checkbox"/> RV Park | |
| <input type="checkbox"/> Motel | <input type="checkbox"/> Condo | <input type="checkbox"/> Bed and Breakfast | |

Prepared Food/Beverage:

- | | | | |
|-------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Café | <input type="checkbox"/> Food Truck | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Brewery | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other Prepared Foods |

I CERTIFY THAT NO OTHER BUSINESS OTHER THAN THAT LISTED ABOVE WILL BE CONDUCTED AT THE ABOVE ADDRESS OR THAT I HAVE OBTAINED OR WILL OBTAIN A SEPARATE PERMIT FOR ANY SUCH BUSINESS AS REQUIRED BY CITY CODES.

Signature of Applicant: _____ Date: _____