FOR OFFICE USE ONLY

Account No. _____ License No. _____ Date _____

CITY ADVERTISING & PROMOTION COMMISSION
P.O. Box 522 • Eureka Springs, Arkansas 72632 • (479) 253-7333

APPLICATION FOR CAPC TAX PERMIT

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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Business: (Check Only One)

☐ Lodging ☐ Restaurant ☐ Retail ☐ Attraction

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.

Signature of Applicant: _____ Date: _____