

CITY ADVERTISING AND PROMOTION COMMISSION

P.O. BOX 522 · Eureka Springs, Arkansas 72632 · (479) 253-7333

Email: admin@eurekasprings.org

Website: www.capc.biz

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: _____

Email Address: _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Business:

- Restaurant Hotel Motel B&B Cabin/Cottage/Suites

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: _____