

City of Fayetteville

HOTEL/MOTEL/RESTAURANT - DATA SHEET

Establishment Name/DBA _____

Physical Address _____

Business Mailing Address _____

Business Phone # _____ State Sales Tax Permit # _____

Business License # _____ Opening Date _____

List All Persons Owning or Holding Interest in Establishment:

(Attach additional sheet providing same information if multiple persons to be listed)

Name	_____	Date of Birth	_____
Address	_____	Social Sec. #	_____
Phone #	_____	Drivers Lic. #	_____

Contact Person Responsible For Payment of Taxes:

Name	_____	Date of Birth	_____
Title	_____	Drivers Lic. #	_____
Home Address (include City/State/Zip) _____			
Home Phone #	_____	Social Security #	_____
Email Address _____			

Short-Term Rental Additional Information:

(Attach additional sheet providing same information if multiple management companies to be listed)

Will any hosting platforms or management companies be used to rent out this business? YES NO

If yes, please confirm which one(s): _____

Management Company Contact Name _____

Management Company Contact Email _____

Management Company Contact Phone # _____

Please note that the licensee is ultimately responsible for ensuring all Hotel/Motel/Restaurant (HMR) taxes are remitted and a management company's failure to remit these taxes will put the licensee's business licenses and/or permits at risk.

Please return completed form(s) to:

City of Fayetteville
Attn: Accounting Division
113 W. Mountain St.
Fayetteville, AR 72701