Short Term Rental (STR) Regulations and Information

The purpose of Short-Term Rental regulations, as established in Ordinance O-21-94 are as follows:

- Minimize negative secondary effects of STR use on surrounding neighborhoods, while also preserving the neighborhood's character
- Address traffic, noise, and density impacts
- Ensure health, safety, and welfare of neighborhoods, as well as of STR renters, occupants and guests
- Ensure enforcement of these standards, and collection and payment of fees and applicable taxes

Use

STR's may only occur in a legally permitted and zoned single-family dwelling. All other transient use and STRs shall meet the applicable standards and requirements for a bed and breakfast, hotel, or motel.

Short-Term Rental Licensure

STR owners must maintain a Short-Term Rental License at all times and agree to collect and remit all applicable Advertising and Promotion (A&P) taxes on pertaining gross receipts.

A&P Permit (Advertising and Promotion)

STR property owners are required to obtain an A&P Permit and collect the 2% A&P tax on all gross receipts as established in Ordinance O-05-142. There is no charge for the A&P Permit. An application is included in this packet.

STR License Fees

An annual fee of $100 shall be submitted at the time of application/renewal for the STR License.

Multiple STR Properties

A separate STR License must be obtained for each STR unit, including every separate STR site that is advertised. Such an STR License will authorize the licensed owner to transact and carry on transient use of residential property only at the specified location, and in the manner and subject to the limits designated in each specific license. STR Licenses are not transferrable to other persons or locations.

Information Packet Provided to Renters

A packet or notebook of information must be placed in the rental property in a prominent place summarizing guidelines and restrictions applicable to the STR, including:

1. Information on maximum occupancy
2. Applicable noise and use restrictions
3. Location of off-street parking
4. Direction that trash shall not be stored within public view, except within proper containers for the purpose of collection, and provision of trash collection schedule
5. Contact information for the local property representative
6. Evacuation routes
7. The renter's responsibility not to trespass on private property or to create disturbances
8. Notification that the renter is responsible for complying with these regulations and that the renter may be cited or fined by the City for violating any provision of this or any other applicable code.

Parking

One (1) off-street parking space per bedroom rented shall be provided. Where on-street parking is available, up to two (2) spaces may be used to meet this requirement.

Short-Term Rental License Checklist

1. **Application:** Form is included in packet or can be obtained at www.conwayarkansas.gov/cityclerk.
2. **Insurance:** Current Certificate of Insurance, showing the property is insured as a Short-Term Rental with a commercial liability policy of at least one million dollars ($1,000,000) of coverage.
3. **Proof of Inspection (Certificate of Occupancy):** Property must be inspected by the Fire Marshal ***and*** Chief of Building Official upon initial application, for compliance with the Arkansas Fire Prevention Code. For Inspections:
   Building Inspector: permits@conwayarkansas.gov
   Fire Marshall: (501) 450-6148
4. **Local Property Representative:** Name, address, and telephone number of a designated local property representative.
5. **Fee:** $100 annual fee paid to the City of Conway.
6. **A&P Tax permit:** The property must have an A&P Permit number assigned to it and A&P taxes collected and remitted each month. A&P Tax permit forms are Included in this packet or can be obtained at www.conwayarkansas.gov/cityclerk.
7. **Information Packet:** An information packet provided to renters and posted in a prominent location of the short-term rental: Guidelines and requirements for information packet are found listed in the Ordinance included in this packet. (O-21-94)
   Information Packet does not have to be submitted.

Annual Renewal: An updated License Application, Proof of Insurance and Local Property Representative Information must be submitted to the City Clerk's office no later than January 31st each year, along with a $100 license fee.

Penalties are accrued if renewal requirements are not met by:

March 1	10% late fee
April 1	30% late fee
May 1	Revoked License

Mail or hand-deliver all requirements to:

Office of the City Clerk_Treasurer
1111 Main Street
Conway, AR 72032
(501) 513-3501

Short-Term Rental License Application

☐ Initial Application ☐ Renewal

Conway Zoning Code/Section 601.29 (H)
Use: Short-Term Rentals may only occur in a legally permitted and zoned single-family dwelling. All other transient use and Short-Term Rentals shall meet the applicable standards and requirements for a bed and breakfast, hotel, or motel.

Applicant Information

Applicant Name _____ Phone Number (____) _____

Mailing Address _____ City _____ State _____ Zip_____

Email address _____

24/7 Emergency Contact Information

Name _____ Phone Number (____) _____

Please complete the attached "Designated Representative Information" form

---

Property Information

House Number _____ Street _____ Conway, AR Zip _____

Number of Bedrooms available for rent _____

Number of off-street parking spaces _____

Maximum Occupancy _____

☐ Information Packet is posted in a prominent place within the STR (see Checklist)

☐ Proof of Insurance is included with this application / Inspection Reports (Not required for Renewals)

☐ Payment of $100 annual license fee is enclosed

Signature

I certify that this information is accurate and complete:

Signed _____ Print Name _____

Date _____

For Office Use Only:

A&P Permit Number_____ **Short Term Rental License Number _____**

Short-Term Rental Property
Designated Representative Information

A local designated property representative shall be available twenty-four (24) hours per day, seven days a week, for the purpose of responding within one (1) hour to complaints regarding the condition, operation, or conduct of occupants of the Short-Term Rental, and taking remedial action to resolve any such complaints.

Property Owner

Name: _____ Phone Number: (____) _____

Address of Property (Short-Term Rental): _____

I certify that this information is correct and current, and I understand that I am required to notify the City Clerk's office should any changes occur.

Signed _____ Date _____

Designated Representative:

Name: _____ Phone Number: (____) _____

I certify that this information is correct and current, and I understand that I am required to notify the City Clerk's office if any changes should occur.

Signed_____ Date _____

CONWAY ADVERTISING & PROMOTION COMMISSION
2% HOTEL & RESTAURANT GROSS RECEIPTS TAX ("A&P TAX")
APPLICATION FOR A&P TAX PERMIT

PLEASE TYPE OR PRINT

---

1. NAME OF ESTABLISHMENT for which an A&P Tax Permit is sought (As "doing business as" to the public):

_____

PHYSICAL STREET ADDRESS OF ESTABLISHMENT (No P.O. Box):

_____CITY: **Conway** STATE: **AR** ZIP: _____

PHONE AT ESTABLISHMENT: (_____)_____ FAX AT ESTABLISHMENT: (_____)_____

WEBSITE FOR ESTABLISHMENT: _____

CONTACT PERSON LOCATED AT ESTABLISHMENT: _____

CONTACT PERSON'S TITLE: _____

CONTACT PERSON'S PHONE AT ESTABLISHMENT: (_____)_____

CONTACT PERSON'S MOBILE PHONE: (_____)_____

CONTACT PERSON'S EMAIL: _____

DATE BUSINESS WILL OPEN _____

---

2. FULL LEGAL NAME OF BUSINESS that owns the establishment for which an A&P Tax Permit is sought:

_____

CHECK ONE - ____ SOLE PROPRIETORSHIP
____ CORPORATION (INC.)
____ LIMITED LIABILITY COMPANY (LLC)
____ GENERAL PARTNERSHIP (G.P.)
____ LIMITED PARTNERSHIP (LTD.)
____ LIMITED LIABILITY PARTNERSHIP (LLP)
____ OTHER (please detail nature of business) _____

_____

_____

BUSINESS BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____)_____ FAX: (_____)_____ EMAIL: _____

BUSINESS BILLING CONTACT: _____TITLE:_____

---

3. SOLE PROPRIETORSHIP INFORMATION (complete only if applicable):

PROPRIETOR'S FULL LEGAL NAME: _____

PROPRIETOR'S SOCIAL SECURITY NUMBER: _____

PROPRIETOR'S EMPLOYER ID NUMBER (EIN): _____

PROPRIETOR'S DATE OF BIRTH: _____

PROPRIETOR'S PLACE OF BIRTH: _____

PROPRIETOR'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PROPRIETOR'S HOME PHONE: (_____)_____ PROPRIETOR'S FAX: (_____)_____

PROPRIETOR'S MOBILE PHONE: (_____)_____

PROPRIETOR'S EMAIL: _____

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4. ENTITY INFORMATION (INC., LLC, G.P., LTD., LLP, OTHER) (complete only if applicable):

HEADQUARTERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STATE OF INCORPORATION, FORMATION, OR ORGANIZATION: _____

YEAR OF INCORPORATION, FORMATION, OR ORGANIZATION: _____

HEADQUARTERS PHONE: (_____)_____ HEADQUARTERS FAX: (_____)_____

EMPLOYER ID NUMBER (EIN): _____

NAME AND TITLE OF EACH OFFICER OF ENTITY: _____

_____

SHAREHOLDER / MEMBER / GENERAL PARTNER INFORMATION: Identify below all shareholders, members, or general partners having a 10% or greater equity ownership interest in the applying entity:

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: □ Shareholder □ Member □ General Partner

CHECK ONE: ____ NATURAL PERSON
____ CORPORATION (INC.)
____ LIMITED LIABILITY COMPANY (LLC)
____ GENERAL PARTNERSHIP (G.P.)
____ LIMITED PARTNERSHIP (LTD.)
____ LIMITED LIABILITY PARTNERSHIP (LLP)
____ OTHER (please detail nature of owner) _____
_____
_____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____)_____ FAX: (_____)_____EMAIL: _____

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: □ Shareholder □ Member □ General Partner

CHECK ONE: ____ NATURAL PERSON
____ CORPORATION (INC.)
____ LIMITED LIABILITY COMPANY (LLC)
____ GENERAL PARTNERSHIP (G.P.)
____ LIMITED PARTNERSHIP (LTD.)
____ LIMITED LIABILITY PARTNERSHIP (LLP)
____ OTHER (please detail nature of owner) _____
_____
_____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____)_____ FAX: (_____)_____EMAIL: _____

FULL LEGAL NAME of shareholder/member/general partner: _____

CHECK ONE: □ Shareholder □ Member □ General Partner

CHECK ONE: ____ NATURAL PERSON
____ CORPORATION (INC.)
____ LIMITED LIABILITY COMPANY (LLC)
____ GENERAL PARTNERSHIP (G.P.)
____ LIMITED PARTNERSHIP (LTD.)
____ LIMITED LIABILITY PARTNERSHIP (LLP)
____ OTHER (please detail nature of owner) _____
_____
_____

SOCIAL SECURITY NUMBER (only if natural person): _____

DATE OF BIRTH (only if natural person): _____

EMPLOYER ID NUMBER (EIN): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____)_____ FAX: (_____)_____EMAIL: _____

If space is needed to identify additional shareholders / members / general partners, please attach additional sheets as necessary.

---

5. TYPE OF ESTABLISHMENT (check only one):

A. □ Lodging Services

Type of Lodging Services facility (check one or more):

□ Hotel □ Motel □ Bed & Breakfast □ Historic Inn □ Extended Stay □ Short-Term Rental

Number of guest rooms available to public: _____

Name and seating capacity of each establishment of a type listed in this section five (5) located in facility:

_____

_____

Please attach current or to-be-used menu with prices for each such establishment located in facility.

B. □ Restaurant or Café Seating Capacity _____ Please attach current or to-be-used menu with prices.
C. □ Cafeteria Seating Capacity _____ Please attach current or to-be-used menu with prices.
D. □ Delicatessen Seating Capacity _____ Please attach current or to-be-used menu with prices.
E. □ Food Truck/Concession Seating Capacity _____ Please attach current or to-be-used menu with prices.
F. □ Convenience Store Seating Capacity _____ Please attach current or to-be-used menu with prices.
G. □ Grocery Store Restaurant Seating Capacity _____ Please attach current or to-be-used menu with prices.
H. □ Private Club Seating Capacity _____ Please attach current or to-be-used menu with prices.

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6. STANDARD DAYS AND HOURS OF OPERATION (check all that apply):

□ Monday - hours of operation _____
□ Tuesday - hours of operation _____
□ Wednesday - hours of operation _____
□ Thursday - hours of operation _____
□ Friday - hours of operation _____
□ Saturday - hours of operation _____
□ Sunday - hours of operation _____
□ Seven days a week - 24 hours a day

7. Are or will alcoholic beverages be served at the physical address identified in section one (1) above? □ YES □ NO

If YES, please furnish the **Alcohol Beverage Control (ABC)** number or numbers under which the establishment is operating:

____ Beer; ABC number _____

____ Wine; ABC number _____

____ Mixed Drinks; ABC number _____

____ Private Club; ABC number _____

---

8. If the applicant is either a Restaurant, Café, Cafeteria, Delicatessen, Concession Stand, Convenience Store, Grocery Store Restaurant, or Private Club, please identify the name, address, and phone number of its three (3) top food suppliers based on amount of purchases: _____

_____

_____

---

9. Does the business identified in section two (2) operate any of the types of establishments listed in section five (5) at any location within the City of Conway other than the physical address identified in section one (1)? □ YES □ NO

If YES, please list all locations, names, addresses and A&P Tax Permit numbers on a separate schedule.

---

10. Is the establishment identified in section one (1) the result of a purchase or assumption of the operations of an existing establishment? □ YES □ NO

If YES, provide the name and A&P Tax Permit number of the former establishment and contact Lisa Stephens CPA at 501-327-2834 to determine if any delinquent A & P taxes are due. <u>Permit will not be issued until this information is verified.</u>

_____ _____

Former Establishment Name **Former Establishment A&P Tax Permit Number**

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11. I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING SCHEDULES) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, ACCURATE, AND COMPLETE.

_____ _____ _____

Original Signature of Shareholder/ Member/Partner/Officer Printed Name and Title Date

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<u>QUESTIONS ABOUT PAYMENT OF TAX OR DELINQUENT ACCOUNTS:</u>

Charles Young-cyoung@hcjcpa.com

Aleigha Smith - asmith@hcjcpa.com

PH – 501-221-1000

<u>RETURN COMPLETED FORM TO:</u> CONWAY ADVERTISING & PROMOTION COMMISSION C/O
Denise Hurd, Conway City Clerk
1111 Main Street, Conway, AR 72032
PH - 501.513.3501
Email: denise.hurd@conwayarkansas.gov

<u>OFFICIAL USE ONLY</u>

Application _____ Approved _____ Denied

Permit # _____

Date opened on system _____/_____/_____

Date notice of denial sent _____/_____/_____

Previous owner's permit # _____

Date previous owner's permit closed on system _____/_____/_____

Conway Advertising & Promotion Commission Gross Receipts Tax Monthly Report

IMPORTANT: This report must be received by Conway A & P Commission on/or before the 30th day of the month (otherwise add penalty as instructed)

A & P Tax Permit Number Issued by City: _____

Business Name: _____

Owner's Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Payment for the Month of _____ , Year _____

(Each month must be reported separately. Report must be filed even if NO tax is due.)

Taxable Gross Receipts	$_____
Tax (2% of gross)	$_____
Less 2% of Tax (if paid by 20th of month)	$_____
Total	$_____
Penalty (5% after the 30th day of the month)	$_____
Total Tax Due	$_____

Make checks payable to Conway A & P Commission and mail or deliver to:

BY MAIL:	IN PERSON:
Conway A & P Commission PO Box 1404 Conway, AR 72033 – 1404	Centennial Bank – Main Office 620 Chestnut Conway, AR 72032

To make a secure online payment visit:

conwayark.com > Forms and Resources > Pay A&P Taxes Online

I hereby state, avow, and affirm that the statements here are full, true and correct as required by provisions of Ark. Code Ann. 26-75-601 and City Ordinance No. 0-05-142, such regulations promulgated thereunder by the Conway Advertising & Promotion Commission.

Date Prepared: _____

Signature of Owner, Officer, or Authorized Agent: _____

For questions or comments, please contact:

Charles Young - cyoung@hcjcpa.com Aleigha Smith - asmith@hcjcpa.com HCJ CPAs, PLLC 501-221-1000	Denise Hurd, Conway City Clerk cityclerk@conwayarkansas.gov Conway City Hall 501-513-3501

INSTRUCTIONS

1. All information supplied in this report should be on the basis of actual records and all records, including books of account, invoices, credit memoranda, refund slips and all other evidence of every kind which substantiate and prove the accuracy of the return as made on this form are required to be kept for (3) three years, and open to examination of Conway Advertising & Promotion Commission, or agent.

2. Unless otherwise specially instructed the total receipts to be reported in this return for the purpose of computation of tax due are the gross receipts from prepared food and drink.

3. Due Date – It is the duty of the Taxpayer to deliver the return on this form and payment to the Conway A & P Commission on or before the 20th day of each month for the preceding calendar month. The A & P Tax is due and payable as of the first day of each calendar month and shall be deemed delinquent if not paid on or before the first day of the next calendar month. (For example; the A & P Tax for January is due the first day of February; however, it is not delinquent until the second day of March.)

4. Discount – If the A & P Tax is delivered to the Conway A&P Commission on or before the 20th day of the month in which it is due, a 2% discount can be claimed on the tax due. (For example; if there is a $100.00 tax due for the month of January, the taxpayer is allowed a $2.00 discount if the tax is paid on or before February 20th, or if envelope is postmarked on or before February 20th.

5. Penalties & Tax – If the tax is not paid by the delinquency date (the second day of the month after the month in which the tax is due), a 5% penalty will be charged for each month past due up to 35% in aggregate; in addition to the penalty accessed simple interest on any unpaid A & P tax shall be assessed at the rate of 10% per annum from the delinquency date.

6. Acceptance by the Conway A & P Commission of the tax remitted with any return shall not be conclusive as to the correctness of the matters set forth by the taxpayer in the return and shall not be finally determinative of the amount of tax liability.

7. A report ***must*** be filed even if there is no tax due.

COMMENTS OR QUESTIONS PLEASE CONTACT:

Charles Young - cyoung@hcjcpa.com
Aleigha Smith - asmith@hcjcpa.com
(501) 221-1000

OR

Denise Hurd, Conway City Clerk
Conway City Hall
(501) 450-6100