

## **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](http://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](mailto: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](http://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 31<sup>st</sup> 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**

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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:**

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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

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**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 \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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) \_\_\_\_\_

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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) \_\_\_\_\_

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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.

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**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. <input type="checkbox"/> Restaurant or Café	Seating Capacity _____	Please attach current or to-be-used menu with prices.
C. <input type="checkbox"/> Cafeteria	Seating Capacity _____	Please attach current or to-be-used menu with prices.
D. <input type="checkbox"/> Delicatessen	Seating Capacity _____	Please attach current or to-be-used menu with prices.
E. <input type="checkbox"/> Food Truck/Concession	Seating Capacity _____	Please attach current or to-be-used menu with prices.
F. <input type="checkbox"/> Convenience Store	Seating Capacity _____	Please attach current or to-be-used menu with prices.
G. <input type="checkbox"/> Grocery Store Restaurant	Seating Capacity _____	Please attach current or to-be-used menu with prices.
H. <input type="checkbox"/> 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. Permit will not be issued until this information is verified.

\_\_\_\_\_  
Former Establishment Name

\_\_\_\_\_  
Former Establishment A&P Tax Permit Number

**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

**QUESTIONS ABOUT PAYMENT OF TAX OR  
DELINQUENT ACCOUNTS:**

Lisa Stephens Certified Public Accountant, PLC  
715 Front Street  
Conway, AR 72032  
PH – 501.327.2834 / FAX – 501.327.6663

**RETURN COMPLETED FORM TO: 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](mailto:denise.hurd@conwayarkansas.gov)**

**OFFICIAL USE ONLY**

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 30<sup>th</sup> 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 20 <sup>th</sup> of month)	\$ _____
Total	\$ _____
Penalty (5% after the 30 <sup>th</sup> day of the month)	\$ _____
Total Tax Due	\$ _____

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

BY MAIL: Conway A & P Commission PO Box 1404 Conway, AR 72033 – 1404	IN PERSON: Centennial Bank – Main Office 620 Chestnut Conway, AR 72032
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To make a secure online payment visit:

[conwayark.com](http://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:

Jill Walden Lisa Stephens CPA, PLC 715 Front Street Conway, AR 72032 501-327-2834	Denise Hurd Conway City Clerk Conway City Hall 501-513-3501
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# 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 20<sup>th</sup> 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 20<sup>th</sup> 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 20<sup>th</sup>, or if envelope is postmarked on or before February 20<sup>th</sup>.)
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 assessed 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:

Lisa Stephens Certified Public Accountant, PLC  
715 Front Street  
Conway, AR 72032  
(501) 327-2834

OR

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