



APPLICATION FOR CERTIFICATE OF REGISTRATION HOTEL/MOTEL ROOM TAX COLLECTION

Business Name: _____ Date Opened: _____

Mailing Address: _____

Physical Location: _____

Person Responsible for Filing Tax Returns: _____ Title: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____

City Business License Number: _____ Number of Rooms for Lodging: _____

Lodging Type:	<input type="checkbox"/>	Bed & Breakfast	<input type="checkbox"/>	Day Lodging	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Motel	<input type="checkbox"/>	Other
Business Category:	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Corporation*	<input type="checkbox"/>	Non-Profit

Local Owner's Name & Address: _____

*Corporate Officers:	President	Vice President	Secretary
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Previous Ownership Information

Previous Tax Registration Number: _____

Previous Owner's Name: _____

Address: _____

Previous or Former Business Name: _____

Effective Date of New Ownership: _____

I _____, am aware that I must notify the City in writing of any changes to address, ownership, filing status, closure of business or any corrections in general to this record.

Signature Printed Name Title Date

(This Section for Office Use Only)

Registration Number: _____