



CITY OF SEWARD

P.O. Box 167, Seward, Alaska 99664-0167
(907)-224-4050 or email at bedtax@cityofseward.net

APPLICATION FOR CERTIFICATE OF REGISTRATION
HOTEL/MOTEL ROOM TAX COLLECTION

PLEASE TYPE OR PRINT CLEARLY AND SUBMIT THIS FORM TO THE CITY CLERK'S OFFICE

READ INSTRUCTIONS CAREFULLY. INCOMPLETE APPLICATION CANNOT BE PROCESSED.

Business Name (AK License): Date Opened:

Business web site(s) or Advertised as (List):

Business Physical Location (List-attached a paper if more than one location):

Mailing Address:

Telephone: Cell Phone: E-mail:

Person Responsible for Filing Tax Returns: Title:

Telephone: Cell Phone: E-mail:

City Business License Number: Number of Rooms for Lodging:

Lodging Type:

Bed and Breakfast Nightly Lodging Hotel Motel Other (Specify)

Business Category (check only one):

Sole Proprietor Partnership LLC Corporation Non-Profit Other

Local Owner's Name & Address:

Table with 3 columns: Corporate Officers, President, Vice-President, Secretary

Previous Ownership Information:

Previous Registration Number: Previous Owner's name:

Mailing Address: Effective Date of New Ownership:

Previous or Former Business Name: Telephone Number:

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. I agree to follow the REGULATIONS FOR THE COLLECTION AND PAYMENT OF ROOM TAX from City of Seward. I understand that any false statement could result in penalties as provided by law.

Signature: Printed Name: Title: Date:

(This Section for Dept. of Finance Use Only): Registration Number: Official:

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF REGISTRATION HOTEL/MOTEL ROOM TAX COLLECTION

Business Name: Enter name as listed on the applicant’s current State of Alaska business license.

Date Opened: The date does business actually start (or started).

Business web site(s) or “Advertised As”: Commercial Business name or “advertised as” on the web (VRBO, AIRBNB, BOOKING.COM and all other lodging website). Use a separate sheet of paper if it is published in more than one or two website and attached to the form or state “NOT APPLICABLE (N/A)”.

Business Physical location: List the street/physical location of the property. Do not list post office boxes. Use a separate sheet of paper if it is more than one or two location and attached to the form.

Mailing Address: The operators address where you receive your mail and correspondence about your business account.

Telephone and Email: Business owner’s contact numbers and email addresses.

Person Responsible for Filing Tax returns: Person or professional services who compile the information for the filing of the bed tax return, and their address, phone number, and e-mail.

City Business License Number: License number issued by the City Clerk’s Office.

Number of Lodging: List number of rooms available for lodging.

Lodging Type: Check the type of operation from the list below that best describes your business.

Business Category (check only one): Check the ownership structure that applies to your business/private home.

Previous Ownership Information: If you are using an existing business, provide details regarding the former owner’s information, address, phone number, business name and date of ownership.

Applicants Acknowledgement: Print name, sign, and list title and date as indicated.

Incomplete applications may cause delay in issuance of a license being processed. Some common omission/errors are:

The application is not signed, incomplete or illegible.