

APPLICATION FOR REGISTRATION

APPLICATION IS HEREBY MADE FOR REGISTRATION TO COLLECT TRANSIENT OCCUPANCY TAX FOR THE CITY TREASURER, CITY OF CINCINNATI.

Name or Trade Name _____
Business Address _____
Business Phone _____ Home Phone _____

Indicate whether owned by Corporation (), Partnership (), or Individual ().
If a Corporation, give names, addresses, and emails of President, Vice President, Secretary and Treasurer.
If a Partnership, give names, addresses, and emails of Partners. If owned by an Individual, give name, home address, and email.

Title _____ Name _____
Home Address _____
Email Address _____

Title _____ Name _____
Home Address _____
Email Address _____

Title _____ Name _____
Home Address _____
Email Address _____

STATE TYPE OF BUSINESS:

Hotel, motel, rooming house, etc. _____
Date business started at this location _____
Number of rooms _____ Number of employees _____

Price Range:

	<u>Single Rooms</u>		<u>Double Rooms</u>
Per Day	\$ _____ to \$ _____	Per Day	\$ _____ to \$ _____
Per Week	\$ _____ to \$ _____	Per Week	\$ _____ to \$ _____
Per Month	\$ _____ to \$ _____	Per Month	\$ _____ to \$ _____

The books and records of the taxpayer are in the care of _____
Located at _____
Person or persons who will prepare return _____
Email Address _____

Signed _____

By _____
President-Partner-Owner