

APPLICATION FOR REGISTRATION

APPLICATION IS HEREBY MADE FOR REGISTRATION TO COLLECT HOTEL TAX FOR THE COUNTY AUDITOR OF ROSS COUNTY.

Name or Trade Name _____

Business Address _____

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

<u>TITLE</u>	<u>NAME</u>	<u>HOME ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE TYPE OF BUSINESS: hotel, motel, rooming house, etc. _____

Date business started at this location. _____

Number of Rooms _____ Number of Employees _____

Price Range:

	Single Rooms	Double Rooms
Per Day	\$_____ to \$_____	\$_____ to \$_____
Per Week	\$_____ to \$_____	\$_____ to \$_____
Per Month	\$_____ to \$_____	\$_____ to \$_____

Does the charge for occupancy of rooms include meals? _____

The books and records of the taxpayer are in the care of _____ located at _____

Person or persons who will prepare return _____

Signed _____

By _____

President – Partner – Owner