



BED TAX REGISTRATION APPLICATION

APPLICATION IS HEREBY MADE FOR REGISTRATION TO COLLECT TRANSIENT OCCUPANY TAX FOR THE CITY OF PORT CLINTON:

Date Filed _____

1. Business Name: _____

2. Property Address: _____

3. Owner Name: _____

4. Mailing Address: _____

5. Phone Number: _____

6. Email Address: _____

Indicate whether owned by Corporation (), Partnership (), or Individual (). If Corporation give names, address and titles all officers

Title	Name	Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State type of business: hotel, motel, rooming house, condo, etc.: _____

8. Date business started: _____ 9. Number of rooms: _____

Signature: _____

Owner

Title

State of Ohio
County of _____

I, _____ being first duly sworn says that the statements contained in the forgoing application are true, and if granted registration, I will assume full responsibility for the collection and payment of Transient Occupancy Tax to the Treasurer of the City of Port Clinton as provided by Ordinance No. 30-85 of the City of Port Clinton.

Signed _____
Owner

Sworn to before me and signed in my presence this _____ day of _____, 20____.

Signed _____
Notary Public

STAMP

ANY FALSE STATEMENT MADE IN THIS REGISTRATION APPLICATION SUBJECTS THE SIGNER TO PROSECUTION FOR PERJURY AND WILL RESULT IN CANCELLATION OF REGISTRATION GRANTED PURSUANT HERETO