

DOCK / RACK STORAGE REGISTRATION APPLICATION



APPLICATION IS HEREBY MADE FOR REGISTRATION TO COLLECT WATERCRAFT TAX FOR THE CITY OF PORT CLINTON, AS REQUIRED BY ORDINANCE NO. 33-85

Date Filed _____

1. Owner Name: _____

2. Property Address: _____

4. Mailing Address: _____

5. Phone Number: _____

6. Email Address: _____

8. Number of docks and/or boat storage racks: Docks _____

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