



ADMISSIONS TAX REGISTRATION FORM

Ordinance No. 1991-76

This application is being submitted for Admission Tax for the following: **Business** **Event:**

Applicant Name:

Trading-As Name:

Event Date(s) or Start Date of Business:

Business or Event Type:

Telephone Number: () - **Fax Number:** () -

Business/Event Location Address:

City & State: **Zip Code:**

Person responsible for reporting and remitting Admissions Tax:

Name: **Title:**

Mailing Address: **Street Address:**

City & State: **Zip Code:**

I, the undersigned, do hereby swear (or affirm) that the information supplied herein is true and complete, to the best of my knowledge and belief.

Signature of Responsible Applicant

City/County of _____
State of _____

Acknowledge and sworn before me this _____ **day of** _____, **20** _____

Notary Public

My Commission Expires: _____