

WAYNE COUNTY HOTEL ROOM RENTAL EXCISE TAX
REGISTRATION APPLICATION

OFFICE USE ONLY

Date received _____
Operator's County Excise

PLEASE TYPE OR PRINT LEGIBLY

1. Operator's Legal Name: _____
Trade Name (DBA): _____

2. Location of principal place of business: (P.O. Boxes are not acceptable) _____
Telephone #: _____ Email Address: _____

3. Billing address (if different than #2). All records involving: County of Wayne transactions must be kept at the business location;

Telephone #: _____ Email address: _____

4. Federal Employer Identification Number (EIN): _____

5. Applicant is operating as: _____ Individual _____ Partnership _____ Association _____ Corporation _____ Other
(describe): _____

6. Please list the name(s), title(s) and telephone number of individual(s) responsible for remitting the Wayne County Hotel Room Rental
Excise Tax.

Name _____ Title _____ Phone # _____

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7. Type of business: _____ Hotel _____ Motel _____ Bed and Breakfast _____ Guest House _____ Other (describe)

8. Total number of lodging rooms: _____

9. Price Range: Single Rooms: _____ Double Rooms: _____
Per Day _____
Per Week _____
Per Month _____

10. Meals included in room rental rate: Yes: _____ No: _____
If yes, Breakfast: _____
Lunch: _____
Dinner: _____

I certify that the information provided on this registration form has been examined by me, and is, to the best of my knowledge, true, correct and complete.

Name (Print) _____ Title _____

Signature _____ Date _____ Phone # _____