



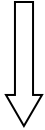
License No.	_____
_____ New	_____ Renewal
Date Issued	_____
Date Paid	_____
Receipt #	_____

ROOM TAX LICENSE APPLICATION

Furnish Rooms or Lodging
 Section 12.19 Municipal Code
 Fee: \$20.00

CHECK ONE (Applicant):

Individual Partnership Corporation LLC

If applying as an Individual or Partnership:**If not**

First	Middle	Last	Address
_____	_____	_____	_____
First	Middle	Last	Address
_____	_____	_____	_____

If applying as a Corporation or Limited Liability Company:

Name of Corporation/LLC: _____

Address of Corporation/LLC: _____

Business Name _____ Number of Rooms _____

Address of Business _____

Phone Number _____

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am a bona fide operator of an establishment providing rooms or lodging.

 Print Name

 Signature

 Date

By using any device, means or action, you consent to the legally binding terms and conditions of this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.