

**CITY OF DALLAS
REGISTRATION FORM
HOTEL OCCUPANCY TAX**



City of Dallas

PLEASE RETURN THIS FORM TO: City Controller's Office
Hotel Occupancy Tax
1500 Marilla St., Room 2BS
Dallas, TX 75201

Registration Date: _____

Purpose of Registration: _____
(e.g., change in ownership, change in management, change in lease, etc.)

Initial registration with City of Dallas Updated Registration

(One business entity/person per form, please. Form should be reproduced for additional registrations)

***REQUIRED* HOTEL AGENCY OR PERSONAL INFORMATION (BUSINESS):**

Trade name of your business (Actual name under which you operate) _____ Business phone (Area Code & #) _____

Physical Address (Use street address - **NOT** P. O. Box or Rural) _____ Business e-mail address _____

Dallas, Texas Zip Code: _____

Type of Operation: _____
(Hotel, Motel, Inn, Bed & Breakfast, Short-Term Rental or Other with description)

Enter the date you began operation of this property. (Month / Day / Year) _____ / _____ / _____

Enter the number of rentable rooms in this property Total Permanent Transient Either
Average Charge per room \$ _____ _____ _____ _____

Do you own, lease, or manage the property at this location? Own Lease Manage
_____ _____ _____

***REQUIRED* HOTEL OWNER INFORMATION:**

Hotel Owner's Legal Name: _____

Hotel Owner's Mailing Address: _____
City: _____ State: _____ Zip: _____

Hotel Owner's Telephone #s: (_____) _____ (_____) _____
Business Mobile

Hotel Owner's E-Mail Address: _____

***REQUIRED* FORM OF OWNERSHIP:**

Sole Proprietorship Corporation Company Association(LP)
 Partnership Foreign corporation Trust Other: _____

Texas Corporation - Charter #: _____ Charter Date: _____ / _____ / _____

Foreign Corporation - Charter #: _____ Charter Date: _____ / _____ / _____

Home State: _____ Certificate of Authorization #: _____

Limited Partnership: Home State: _____ Identification #: _____

Federal Employer Identification (EIN) No. _____

State of Texas Identification # or Texas Vendor # _____
Present or Past

Drivers License # and State where issued if you are the sole owner: # _____ State: _____

***IF APPLICABLE* ADDITIONAL HOTEL INFORMATION:**

*If you **purchased an existing business or business assets**, please provide the following information:*

Trade Name of Former Owner:	(If known, Former Owner's) Federal Tax #: _____
Legal Name of Former Owner:	State Tax #: _____
Mailing Address of Former Owner:	Phone #: (_____) _____
	E-mail Address: _____
Contact Person (Print Name):	
Contact Person (Title)	

*If you **lease the business**, please provide the following information:*

Trade Name of Lessee:	Federal Tax #: _____
Legal Name of Lessee:	State Tax #: _____
Mailing Address of Lessee:	
	Phone #: (_____) _____
Contact Person (Print Name):	E-Mail Address: _____
Contact Person (Title)	

*If you **manage the business**, please provide the following information:*

Name of Management Company:	Federal Tax #: _____
Mailing Address:	State Tax #: _____
Contact Person (Print Name):	Phone #: (_____) _____
Contact Person (Title)	E-Mail Address: _____

***REQUIRED* HOTEL AGENCY OR PERSON (RECORDS):**

Location of Accounting Records:

Description of Records: (e.g., Source documents, summary reports, hotel occupancy tax exemption certificates, etc.)

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Is Accounting/Bookkeeping Function Performed In-House? Yes No

If No, please provide information on company or person providing accounting/bookkeeping/tax service:

Company Name or Person's Name: _____

Contact Person: _____

Telephone # and extention: _____

Company or Person's Address: _____

City: _____ State: _____

Are records maintained manually or computerized? Manually Computerized

Person(s) to contact when Hotel Agency or Person is selected for Audit:

_____	_____	()
Name	Title	Full Telephone #
_____	E-Mail Address: _____	
_____	_____	()
Name	Title	Full Telephone #
_____	E-Mail Address: _____	

***REQUIRED* APPLICANT'S SIGNATURE**

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge.

Authorized Representative Name and Title

Print Name: _____ Date: ____ / ____ / ____

Title: _____

Company: _____

Signature:

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This form may be found at the following link:

<http://dallascityhall.com/departments/controllersoffice/Pages/hotel-taxes.aspx>