



**FOOD/LODGING TAX REGISTRATION FORM**

**Food**       **Lodging**

**Trustee Account # (office use only):** \_\_\_\_\_ **BLS Account # (office use only):** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Legal Name of Business:** \_\_\_\_\_

**Trade Name or DBA:** \_\_\_\_\_

**Start Date of Business:** \_\_\_\_\_ **SSN/FEIN:** \_\_\_\_\_

**Business # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Business Location Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Person responsible for reporting and remitting Food  Lodging  Tax:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Customer ID#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

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. I will notify the Commissioner of the Revenue's office within thirty days when any change occurs regarding this information.

**Signature of Person Responsible for Reporting and Remitting Tax**

City/County of \_\_\_\_\_ State/Commonwealth of \_\_\_\_\_

Acknowledged and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_  
(Name of person signing affidavit)

\_\_\_\_\_  
(Signature of Notary Public)

Reg. No: \_\_\_\_\_

My Commission Exp. \_\_\_\_\_