



# Hospitality Tax Update Form

- If any changes to the below have occurred, please return this form as soon as possible.
- To request paper vouchers for the next year, please return this form by October 31<sup>st</sup>.
- Please be aware that all suppliers and independent contractors for businesses located in the non-city areas of the County must have a County business license to operate lawfully.

## Business Information

Business Corporate Name: \_\_\_\_\_  
Name as seen by the public: \_\_\_\_\_  
Hospitality Tax #: \_\_\_\_\_ Business License #: \_\_\_\_\_  
FEIN/SSN: \_\_\_\_\_ State Retail Sales #: \_\_\_\_\_  
Physical Location: \_\_\_\_\_

## Owner/Principal Information

Owner/Principal Name(s) (*people names only*): \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_  
**Email:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## Contact Information (for person responsible for Hospitality Taxes)

Contact Name, Title: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_  
**Email:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## Please check or complete all that apply:

- \*\* I only need to update the information for the business with the above information.
- I wish to receive paper vouchers next year instead of paying online. *Paper vouchers must be requested with this form.*
- My business has **CLOSED**. Close date: \_\_\_\_\_
- My business has **MOVED**. Move date: \_\_\_\_\_  
New location: \_\_\_\_\_
- The **OWNERSHIP** has changed. Ownership Change date: \_\_\_\_\_  
New owner name, address, phone, email: \_\_\_\_\_