

Application For Certificate Of Registration Admissions Tax TEMPORARY

Date _____

Person Or Organization Conducting The Place Of Entertainment And Responsible For The Taxes On Admission:

NAME	MAILING ADDRESS
Place Of Amusement _____	
Street Address _____	
Owner Or Lessee Of Place Of Amusement _____	
Owner Or Lessee Mailing Address _____	
Person Or Organizations Phone Number _____	Contact Person _____
Date Of Operation _____	Type Of Affair _____

PRICE SCHEDULE OF TICKETS TO BE USED

<u>Total Adm. Price Incl. Taxes</u>	<u>Est. Price For Single Ticket</u>	<u>City Tax On Single Ticket @ 3%</u>

If Applicant Is An Association Or A Corporation Please Attach Written Evidence Of The Authority Of The Person Signing This Application And State Name And Address Of The Following Officers: (Print)

President	Address	Phone
Vice President	Address	Phone
Secretary	Address	Phone
Treasurer	Address	Phone

I Agree To Become Responsible For The Payment Of Taxes On Admissions Accruing In Connection With The Operation Of This Place Of Amusement. Furthermore The Statements Set Forth In This Application Are True And Correct.

Federal Identification Number _____	Social Security Number _____
Organization Name _____	Address _____
By _____	Phone _____
Title _____	Employer _____

Sworn To And Subscribed Before Me This _____ Day Of _____, 20 _____

NOTARY PUBLIC OR TAX DEPARTMENT CLERK

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE A CERTIFICATE WILL BE ISSUED

Owners Of Premises Notified Of Joint Liability On _____ By _____

Received _____

Processed By _____

CITY OF BROOK PARK

DEPARTMENT OF TAXATION
6161 ENGLE ROAD BROOK PARK, OHIO 44142