

Cert. Issued No. _____

Application For Certificate Of Registration Admissions Tax PERMANENT

Date _____

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

NAME _____ MAILING ADDRESS _____

Place Of Amusement _____
NAME STREET ADDRESS

Kind Of Place Or
Type Of Amusement _____
AS THEATER, AUDITORIUM, DANCE HALL, PARK, CONVENTION CENTER, ETC.

Phone Number _____ Subsequent Dates _____

First Date Of Operation _____ Subsequent Dates _____

Does The Applicant Conduct The Place Of Amusement? _____

Or Does The Applicant Let The Place For Occasional Entertainment? _____

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 facts and statements set forth in this application are true and correct.

ORGANIZATION OR COMPANY NAME _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

SIGNATURE _____ TITLE _____

PRINT YOUR NAME _____

ADDRESS _____

BUSINESS PHONE _____

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

Received _____

Processed By _____

CITY OF BROOK PARK

DEPARTMENT OF TAXATION
6161 ENGLE ROAD BROOK PARK, OHIO 44142