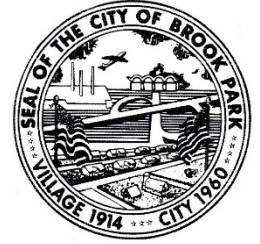




City of Brook Park – Tax Department

6161 Engle Rd
Brook Park, OH 44142
(216) 433-1533

TaxDepartment@CityofBrookPark.com



ADMISSIONS TAX LICENSE APPLICATION

Vendor Business Name \_\_\_\_\_

Vendor Entity Type (check one): [ ] Corp / Partnership [ ] LLC [ ] Non-Profit [ ] Ind. or Sole Prop.

Vendor Business Address \_\_\_\_\_
Street or P.O Box City State Zip Code

Vendor Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Federal Tax Number \_\_\_\_\_

Applicant Name \_\_\_\_\_
First Name Last Name Mobile Phone Number

Applicant Email Address \_\_\_\_\_

Application Type (check one): [ ] New License [ ] Renewal License Existing License # \_\_\_\_\_

License Duration (check one): [ ] Annual License [ ] Temporary License

Sales Vendor Type (check all that apply): [ ] Seller [ ] Reseller [ ] Marketplace Facilitator

LOCATION & IMPORTANT DATES:

Brief description of your place/event/activity:

Venue: \_\_\_\_\_

Venue Name

Venue Address

Venue Capacity

For Venue listed above, check one: [ ] Owner/Operator [ ] Renter/Lessee Other: \_\_\_\_\_

Date(s) when admission(s) take place: from: \_\_\_\_\_ to: \_\_\_\_\_
Start Date End Date

Date sales of admissions begin: \_\_\_\_\_

I declare that I have examined this application, and to the best of my knowledge and belief it is true, accurate and complete.

Print Name

Signature

Date