



**Finance Department
Registration Form
Hotel Occupancy Tax**

**Account
Number**

Robinson, TX 76704

Please Return This Form To: City of Robinson
Finance Department
111 W. Lyndale Ave.
Robinson, TX 76706

- First time registration w/City of Robinson
 Update registration

One business per form please. Form may be reproduced if necessary.

Hotel Business Information

Trade name of your business (the name under which you operate): _____ Business phone (area code and number): _____
(_____) _____ - _____

Physical address of the hotel (street address - not a P.O. Box or Rural Route address): _____
Robinson, TX 76706

Type of Operation: _____ Number of Rentable Rooms at this Location: _____
Average Charge per Room: _____
(ex: Hotel, Motel, Bed and Breakfast, Short-term apartment rental, Other)

Date you began operation of this hotel (mm/dd/yyyy): ____/____/____

Do you own or lease the property: Own Rent Lease

If you rent or lease this property, enter the property owner's name and address:

Property Owner's Name: _____

Property Owner's Address: _____

Form of Ownership: Sole Proprietorship Corporation Partnership Other (Specify) _____

State of Texas Identification Number: _____ Federal EID: _____

Complete the following two blanks only if Sole Proprietorship is checked above.

Driver's License Number: _____ Social Security Number: _____

Hotel Owner Information

Hotel Owner's Full Legal Name: _____

Hotel Owner's Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Hotel Owner's Telephone Numbers: _____ Hotel Owner's email address: _____

Business (_____) _____ - _____

Home (_____) _____ - _____

Fax (_____) _____ - _____

Name of President of Company: _____

Hotel Predecessor Information

If you purchased an exiting business or business assets, please complete the following:

Trade Name of Former Owner: _____

Federal Tax ID of Former Owner _____

Legal Name of Former Owner: _____

State of Texas ID of Former Owner: _____

Address of Former Owner: _____

Phone Number of Former Owner: _____

Hotel Agency or Authorized Representative(s) Information

Name and Information of Authorized Representative(s) of Hotel:

Name: _____

Title: _____

Email Address: _____

Phone: (_____) _____

Name: _____

Title: _____

Email Address: _____

Phone: (_____) _____

Name: _____

Title: _____

Email Address: _____

Phone: (_____) _____

Hotel Records Information

Location of Accounting Records _____

Is the Accounting / Bookkeeping function performed in-house? Yes No

If No, please provide information on the company/person providing the accounting/bookkeeping function:

Company Name and/or Person Name _____

Contact Person and Telephone Number (please include area code and extension information) _____

Address / City / State / Zip Code _____

Are the records maintained manually or electronically (computerized)? Manual Electronic

Person to be contacted if Hotel / Agency / Person is selected for audit:

Name: _____

Title: _____

E-mail Address: _____

Phone Number (_____) _____

Signature

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge:

Signature: _____

Title: _____

Date: ___/___/___