

**CITY OF DALLAS  
REGISTRATION FORM  
HOTEL OCCUPANCY TAX**



**PLEASE RETURN THIS FORM TO:** City of Dallas  
Hotel Occupancy Tax  
P. O. Box 139076  
Dallas, TX 75313-9076

**Registration Date:** \_\_\_\_\_

**Purpose of Registration:** \_\_\_\_\_  
(e.g., change in ownership, change in management, change in lease, etc.)

Initial registration with City of Dallas       Updated Registration

(One business entity/person per form, please. Form should be reproduced for additional registrations)

**\*REQUIRED\* HOTEL AGENCY OR PERSONAL INFORMATION (BUSINESS):**

Trade name of your business (Actual name under which you operate) \_\_\_\_\_ Business phone (Area Code & #) \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Physical Address (Use street address - **NOT** P. O. Box or Rural ) \_\_\_\_\_ Business e-mail address \_\_\_\_\_

Dallas, Texas      Zip Code: \_\_\_\_\_

Type of Operation: \_\_\_\_\_  
(Hotel, Motel, Inn, Bed & Breakfast, Short-Term Rental or Other with description)

Enter the date you began operation of this property. (Month / Day / Year)      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enter the number of rentable rooms in this property      Total      Permanent      Transient      Either  
Average Charge per room      \$ \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Do you own, lease, or manage the property at this location?      Own      Lease      Manage  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**\*REQUIRED\* HOTEL OWNER INFORMATION:**

Hotel Owner's Legal Name: \_\_\_\_\_

Hotel Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hotel Owner's Telephone #s: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business      Mobile

Hotel Owner's E-Mail Address: \_\_\_\_\_

**\*REQUIRED\* FORM OF OWNERSHIP:**

Sole Proprietorship       Corporation       Company       Association( LP)  
 Partnership       Foreign corporation       Trust       Other: \_\_\_\_\_

Texas Corporation - Charter #: \_\_\_\_\_ Charter Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Foreign Corporation - Charter #: \_\_\_\_\_ Charter Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home State: \_\_\_\_\_ Certificate of Authorization #: \_\_\_\_\_

Limited Partnership:      Home State: \_\_\_\_\_      Identification #: \_\_\_\_\_

Federal Employer Identification (EIN) No. \_\_\_\_\_

State of Texas Identification # or Texas Vendor # \_\_\_\_\_  
Present or Past

Drivers License # and State where issued if you are the sole owner: # \_\_\_\_\_ State: \_\_\_\_\_

**\*IF APPLICABLE\* ADDITIONAL HOTEL INFORMATION:**

*If you **purchased an existing business or business assets**, please provide the following information:*

Trade Name of Former Owner:	(If known, Former Owner's) Federal Tax #: _____
Legal Name of Former Owner:	State Tax #: _____
Mailing Address of Former Owner:	Phone #: ( _____ ) _____
	E-mail Address: _____
Contact Person (Print Name):	
Contact Person (Title)	

*If you **lease** the business, please provide the following information:*

Trade Name of Lessee:	Federal Tax #: _____
Legal Name of Lessee:	State Tax #: _____
Mailing Address of Lessee:	
	Phone #: ( _____ ) _____
Contact Person (Print Name):	E-Mail Address: _____
Contact Person (Title)	

*If you **manage** the business, please provide the following information:*

Name of Management Company:	Federal Tax #: _____
	State Tax #: _____
Mailing Address:	
	Phone #: ( _____ ) _____
Contact Person (Print Name):	E-Mail Address: _____
Contact Person (Title)	

**\*REQUIRED\* HOTEL AGENCY OR PERSON (RECORDS):**

Location of Accounting Records:


Description of Records: (e.g., Source documents, summary reports, hotel occupancy tax exemption certificates, etc.)

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Is Accounting/Bookkeeping Function Performed In-House? Yes  No

If No, please provide information on company or person providing accounting/bookkeeping/tax service:

Company Name or Person's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone # and extension: \_\_\_\_\_

Company or Person's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Are records maintained manually or computerized? Manually  Computerized

Person(s) to contact when Hotel Agency or Person is selected for Audit:

_____	_____	( )
Name	Title	Full Telephone #
	E-Mail Address: _____	
_____	_____	( )
Name	Title	Full Telephone #
	E-Mail Address: _____	

**\*REQUIRED\* APPLICANT'S SIGNATURE**

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

Authorized Representative Name and Title

Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: 

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This form may be found at the following link:

<http://dallascityhall.com/departments/controllersoffice/Pages/hotel-taxes.aspx>