



# CITY OF TULSA

## APPLICATION FOR LICENSE TO OPERATE A HOTEL AND FOR AUTHORITY TO COLLECT LODGING TAX

### TO THE DIRECTOR OF FINANCE, TULSA, OK:

A) The following information is submitted to the Director of Finance for the purpose of registering the below named hotel with the City of Tulsa, and to obtain a license to operate the hotel under the provisions of Title 21, Chapter 16, T.R.O. and amendments thereto which empowers the registrant to collect a five (5) percent lodging tax as set forth in Title 44, Section 112, T.R.O. and amendments.

B) The applicant, as hereinafter set out, and in connection with such application makes the following statements and representations:

### GENERAL INFORMATION – PLEASE COMPLETE EACH LINE:

- 1) Name of Hotel: \_\_\_\_\_
- 2) Hotel Address: \_\_\_\_\_  
Hotel City, State, Zip: \_\_\_\_\_
- 3) Hotel Telephone Number: (    ) \_\_\_\_\_
- 4) Hotel Manager's Name: \_\_\_\_\_
- 5) Legal Description of hotel real estate (Lot, block, or meets & bounds): \_\_\_\_\_

### APPLICANT INFORMATION (PROPOSED LICENSEE):

- 6) Entity applying for license to OPERATE the Hotel: \_\_\_\_\_
- 7) Please circle one: Applicant above is a (an) Individual Partnership Corporation LLC
- 8) Applicant's Address (if different than hotel address): \_\_\_\_\_  
Applicant's City, State, Zip: \_\_\_\_\_  
Applicant's Telephone: (    ) \_\_\_\_\_
- 9) What date did you assume possession/control of the hotel and/or acknowledged responsibility for operations? \_\_\_\_\_

### HOTEL OWNER'S INFORMATION:

- 10) Individual or entity who OWNS hotel (if different than #6 above): \_\_\_\_\_
- 11) Owner's Address (if different than #8 above): \_\_\_\_\_

### OTHER INFORMATION:

- 12) Number of Lodging Rooms: \_\_\_\_\_
- 13) Sales Tax Permit# (Copy must be attached): \_\_\_\_\_  
(Note: Sales Tax Permittee must be the same as #6 above)

### PERSON (OTHER THAN APPLICANT) TO CONTACT FOR FILED TAX RETURN PROBLEMS:

- 14) Contact Name: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact City, State, Zip: \_\_\_\_\_  
Contact Telephone: (    ) \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### CONTACT PERSON FOR ANNUAL LICENSE RENEWAL CORRESPONDENCE:

- 15) Contact Name: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact City, State, Zip: \_\_\_\_\_  
Contact Telephone: (    ) \_\_\_\_\_  
Contact Email: \_\_\_\_\_