

For Office Use Only

Customer Number _____



NON-TRANSFERABLE

City of Seattle

APPLICATION FOR CERTIFICATE OF REGISTRATION FOR ADMISSION TAX

Seattle Municipal Code - Chapter 5.40
FOR YEAR ENDING DECEMBER 31, _____

LEGAL NAME _____

TRADE NAME (DBA) _____ Business Phone: _____

PHYSICAL BUSINESS ADDRESS _____ Zip Code _____

PLEASE LIST ANY MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

Mail Tax Forms to: _____ Zip Code _____

Mail License and Renewal to: _____ Zip Code _____

LIST OWNERS, PARTNERS, OR CORPORATE OFFICERS:

Name & Title	Residence Address	Residence Phone	Date of Birth
_____	_____	_____ - _____	____/____/____
_____	_____	_____ - _____	____/____/____
_____	_____	_____ - _____	____/____/____
_____	_____	_____ - _____	____/____/____

TYPE OF BUSINESS Sole Proprietor Corporation Partnership LLC Other _____

Opening date _____

Type of event _____

Date of event _____

Where is event held _____ List Phone No. _____ - _____

Name of landlord _____ List Phone No. _____ - _____

THE TAXPAYER MAY BE HELD LIABLE FOR FAILURE TO REMIT ADMISSION TAX TO THE CITY OF SEATTLE

FOR OFFICIAL USE ONLY		
	Initials	Date
Processed by	_____	_____
Tax forms made	_____	_____
Enforcement	_____	_____
Mail Code	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby certify that the statements contained herein are true and correct. Date: ____/____/____

Signature of Applicant

Please Print Name

Title