

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