

Form HM2000 Registration for Certificate of Authority To Collect Hotel and Motel Tax, City of Moraine

For Office Use Only

City of Moraine Finance Department
4200 Dryden Road
Moraine OH 45439
Tel. (937) 535-1026
Fax (937) 535-1026



PART A: HOTEL OPERATOR INFORMATION

NAME OF HOTEL OPERATOR: _____

DBA NAME: _____

FEDERAL TAX ID NUMBER: _____ OHIO STATE SALES TAX ID NUMBER: _____

DATE OPERATOR STARTED MANAGEMENT OF THIS LOCATION: _____

MAILING ADDRESS: _____

NAME OF CONTACT PERSON	TITLE/POSITION
BUSINESS NAME	TELEPHONE
STREET ADDRESS	FAX NUMBER
CITY STATE ZIP	EMAIL ADDRESS

DOES THIS OPERATOR MANAGE ANY OTHER HOSPITALITY LOCATIONS:

IN CITY OF MORAINES: YES _____ NO _____ IN STATE OF OHIO: YES _____ NO _____

IF YES, PROVIDE LOCATION: _____

LOCATION OF ACCOUNTING RECORDS (if different than hotel's physical address):

NAME OF CONTACT PERSON	TITLE/POSITION
BUSINESS NAME	TELEPHONE
STREET ADDRESS	FAX NUMBER
CITY STATE ZIP	EMAIL ADDRESS

OWNERSHIP INFORMATION—INDICATE TYPE OF OWNERSHIP, AND PROVIDE NAMES AND CONTACT INFORMATION AS NOTED:

Sole Proprietorship a) Type: _____ (Individual, Trust, Estate, Other)
b) Provide residence address: _____

Partnership a) Type: _____ (General, LLP, LLC, Joint Venture, Other)
b) Complete page 3 and provide names and contact information for **all** partners in format below.

Corporation a) Sec. of State Corporate Identification Number _____ State: _____
b) Complete page 4 and provide names and contact information for **all** corporate officers and those stockholders owning 10% or more of shares in format below.

PART B: HOTEL LOCATION INFORMATION

HOTEL NAME: _____

STREET LOCATION: _____

DATE OPERATION STARTED _____

NUMBER OF ROOMS AVAILABLE TO RENT: _____

AVERAGE RATE: \$ _____ PER: _____ DAILY _____ WEEKLY _____ MONTHLY

OWNERSHIP/LESSOR OF REAL PROPERTY WHERE HOTEL IS LOCATED:

_____ OPERATOR OWNS THE LAND OR BUILDING WHERE HOTEL IS LOCATED

_____ OPERATOR LEASES/MANAGES THE LAND OR BUILDING WHERE HOTEL IS LOCATED. COMPLETE THE FOLLOWING:

NAME OF LESSOR OR PROPERTY OWNER: _____ LESSOR _____ OWNER _____

ADDRESS: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

LEASE TERMS: NO OF MONTHS _____ MONTHLY RENTAL _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

_____ DATE OF FIRE INSPECTION BY CITY OF MORAINÉ FIRE INSPECTOR (937-535-1144)

_____ DATE OCCUPANCY PERMIT ISSUED BY CITY OF MORAINÉ BUILDING AND ZONING INSPECTOR (937-535-1038)

_____ DATE REGISTERED WITH CITY OF MORAINÉ INCOME TAX DEPARTMENT (937-535-1026)

RESTAURANT ON-SITE SERVING FOOD: YES _____ NO _____

_____ MONTGOMERY COUNTY PUBLIC HEALTH LICENSE NUMBER

_____ DATE OF LAST MONTGOMERY COUNTY HEALTH DEPARTMENT INSPECTION

BAR/RESTAURANT ON-SITE SERVING LIQUOR YES _____ NO _____

_____ OHIO DIVISION OF LIQUOR CONTROL PERMIT NUMBER

_____ PERMIT ISSUE DATE

LIQUOR PERMIT ISSUED TO:

NAME OF CONTACT PERSON

TITLE/POSITION

BUSINESS NAME

TELEPHONE

STREET ADDRESS

FAX NUMBER

CITY STATE ZIP

EMAIL ADDRESS

PART C: DECLARATION OF RESPONSIBILITY

COMPLETE THE APPROPRIATE DECLARATION OF RESPONSIBILITY FOR YOUR TYPE OF OWNERSHIP.

Sole Proprietorship – Declaration of Responsibility

By signing this registration form, I represent and acknowledge that I am the person responsible for the operation of this hotel location. I am responsible for the collection of the Hotel and Motel Tax from the guests and payment of those tax revenues to the City of Moraine Finance Director or his designated agent. I am liable for all applicable penalties and interest including, but not limited to, the failure to collect the tax, for underreporting the tax, for failure to transmit both the reporting forms and the tax to the Finance Director or his designated agent, for any misrepresentations contained in this registration, or for any other violations of applicable law regarding the operation of this hotel location. Those penalties may include, but are not limited to, suspension and/or revocation of the certificate, fines and time in jail. If any information included on this registration should change, I agree to inform the Finance Director or his designated agent of those changes within five working days.

I declare under penalties of perjury under the laws of the State of Ohio that the foregoing is true and correct.

Executed this _____ day of _____, _____.

Signature

Printed Name

Partnership – Declaration of Responsibility

By signing this registration form, I _____, _____ general partner of _____ (the "Partnership"), with full power and authority to bind the Partnership, hereby represent and acknowledge that the Partnership is responsible for the operation of this hotel location. The Partnership is responsible for the collection of the Hotel and Motel Tax from the guests and payment of those tax revenues to the City of Moraine Finance Director or his designated agent. The Partnership is liable for all applicable penalties and interest including, but not limited to, the failure to collect the tax, for underreporting the tax, for failure to transmit both the reporting forms and the tax to the Finance Director or his designated agent, for any misrepresentations contained in this registration, or for any other violations of applicable law regarding the operation of this hotel location. Those penalties may include, but are not limited to, suspension and/or revocation of the certificate, fines and time in jail. If any information included on this registration should change, the Partnership agrees to inform the Finance Director or his designated agent of those changes within five working days.

I declare under penalties of perjury under the laws of the State of Ohio that the foregoing is true and correct.

Executed this _____ day of _____, _____.

_____, a _____ partnership
Name of Partnership State of Organization

By _____
Signature of Individual Printed Name Title

Corporation – Declaration of Responsibility

By signing this registration form, I _____, _____ an officer of _____ Corporation (the "Corporation"), with full power and authority to bind the Corporation, hereby represent and acknowledge that the Corporation is responsible for the operation of this hotel location. The Corporation is responsible for the collection of the Hotel and Motel Tax from the guests and payment of those tax revenues to the City of Moraine Finance Director or his designated agent. The Corporation is liable for all applicable penalties and interest including, but not limited to, the failure to collect the tax, for underreporting the tax, for failure to transmit both the reporting forms and the tax to the Finance Director or his designated agent, for any misrepresentations contained in this registration, or for any other violations of applicable law regarding the operation of this hotel location. Those penalties may include, but are not limited to, suspension and/or revocation of the certificate, fines and time in jail. If any information included on this registration should change, the Corporation agrees to inform the Finance Director or his designated agent of those changes within five working days.

I declare under penalties of perjury under the laws of the State of Ohio that the foregoing is true and correct.

Executed this _____ day of _____, _____.

_____, a _____ corporation
Name of Corporation State of Incorporation

By _____
Signature of Officer Printed Name Title

PARTNERSHIP INFORMATION
COMPLETE INFORMATION BELOW FOR ALL PARTNERS.

First Name Middle Initial Last Name % Ownership _____

Street Address City, State, Zip

Social Security Number Telephone Number

First Name Middle Initial Last Name % Ownership _____

Street Address City, State, Zip

Social Security Number Telephone Number

First Name Middle Initial Last Name % Ownership _____

Street Address City, State, Zip

Social Security Number Telephone Number

First Name Middle Initial Last Name % Ownership _____

Street Address City, State, Zip

Social Security Number Telephone Number

First Name Middle Initial Last Name % Ownership _____

Street Address City, State, Zip

Social Security Number Telephone Number

First Name Middle Initial Last Name % Ownership _____

Street Address City, State, Zip

Social Security Number Telephone Number

CORPORATION INFORMATION

**COMPLETE INFORMATION BELOW FOR ALL CORPORATE OFFICERS AND
THOSE STOCKHOLDERS WHO OWN 10% OR MORE OF SHARES IN CORPORATION.**

Statutory Agent Information:

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Corporation Title_____
_____	_____	_____	_____
Street Address	City, State, Zip		% Ownership _____
_____	_____	_____	_____
Social Security Number	Telephone Number		

Corporate Officers:

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Corporation Title_____
_____	_____	_____	_____
Street Address	City, State, Zip		% Ownership _____
_____	_____	_____	_____
Social Security Number	Telephone Number		

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Corporation Title_____
_____	_____	_____	_____
Street Address	City, State, Zip		% Ownership _____
_____	_____	_____	_____
Social Security Number	Telephone Number		

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Corporation Title_____
_____	_____	_____	_____
Street Address	City, State, Zip		% Ownership _____
_____	_____	_____	_____
Social Security Number	Telephone Number		

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Corporation Title_____
_____	_____	_____	_____
Street Address	City, State, Zip		% Ownership _____
_____	_____	_____	_____
Social Security Number	Telephone Number		

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Corporation Title_____
_____	_____	_____	_____
Street Address	City, State, Zip		% Ownership _____
_____	_____	_____	_____
Social Security Number	Telephone Number		