



City of Aransas Pass

Finance Department • 600 W Cleveland, TX 78336 • (361) 765-5301 • sgarcia@aransaspasstx.gov

HOTEL MOTEL TAX REGISTRATION

BUSINESS NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

ADDRESS OF BUSINESS SITE IF DIFFERENT THAN ABOVE:

DATE BUSINESS STARTED AT THIS LOCATION: _____

TYPE OF ORGANIZATION: SOLE PROPRIETORSHIP
 PARTNERSHIP
 CORPORATION
 OTHER (SPECIFY) _____

OWNER(S), CORPORATE OFFICERS, OR PARTNERS:

Name	Title	Address
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Name	Title	Address
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UNDER PENALTIES OF PERJURY AS PROVIDED BY LAW, I ATTEST TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE. THE INFORMATION PROVIDED HERE IS PROPRIETARY COMMERCIAL & FINANCIAL INFORMATION AND DISCLOSURE WOULD CAUSE COMPETITIVE HARM.

Signature of Officer Empowered to Sign

Date

Print Name & Title