

**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

A separate Business License Tax Certificate is also required; please contact us for information to apply

Business Legal Name: \_\_\_\_\_

Business Trade Name (DBA): \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

(if different) Mailing Address: \_\_\_\_\_

**Provide Information Regarding Owners, Partners, or Corporate Officers:**

Name & Title	Residence Address	Phone	Date of Birth
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Business:  Sole Proprietorship  Corporation  Partnership  LLC  Other \_\_\_\_\_

Event Frequency:  Ongoing/Regular  Yearly/Bi-Annual  Sporadic  Other \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event Closing Date (if not ongoing/regular): \_\_\_\_\_

Type of Event: \_\_\_\_\_

Where is this event held?: \_\_\_\_\_ Venue Phone: \_\_\_\_\_

Name of landlord: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>	
Initials	Date
Processed by: _____	_____
Tax Forms: _____	_____
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

\_\_\_\_\_  
Print Applicant's Name Title