

Form HM-1 REGISTRATION FOR CERTIFICATE OF AUTHORITY TO COLLECT HOTEL AND MOTEL TAX



City of Centerville Finance Department
100 West Spring Valley Road
Centerville, Ohio 45458
P: 937-433-7151
F: 937-433-0310

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: _____

Information:

Contact Person: _____ Title/Position: _____

Business Name: _____ Telephone: _____

Street Address: _____ Fax Number: _____

City, State, Zip: _____

Email Address: _____

Location of Accounting Records (if different than hotel's physical address):

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, Joint Venture, Other)

(b) Complete page 3 and provide names and contact information for all partners

Limited Liability Company (LLC) (a) Sec. of State Registration ID Number _____ State: _____

(b) Complete page 4 and provide names and contact information for all members and officers

Corporation (a) Sec. of State Corporate ID Number _____ State: _____

(b) Complete page 5 and provide names and contact information for all corporate officers and those stockholders owning 10% or more of shares

PART B: HOTEL LOCATION INFORMATION

Hotel Name: _____

Address: _____

City, State, Zip: _____

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

Name of Lessor or Property Owner: _____

 Lessor _____ Owner _____

Address: _____

Telephone: _____

Email address: _____

Lease terms:

 Number of months _____

 Monthly rental _____

 Effective date _____

 Expiration date _____

**PARTNERSHIP INFORMATION
COMPLETE INFORMATION FOR ALL PARTNERS**

_____ % Ownership _____
First Name Middle Initial Last Name

_____ City, State, Zip
Street Address

_____ Telephone Number
Social Security Number

_____ % Ownership _____
First Name Middle Initial Last Name

_____ City, State, Zip
Street Address

_____ Telephone Number
Social Security Number

_____ % Ownership _____
First Name Middle Initial Last Name

_____ City, State, Zip
Street Address

_____ Telephone Number
Social Security Number

_____ % Ownership _____
First Name Middle Initial Last Name

_____ City, State, Zip
Street Address

_____ Telephone Number
Social Security Number

_____ % Ownership _____
First Name Middle Initial Last Name

_____ City, State, Zip
Street Address

_____ Telephone Number
Social Security Number

**LIMITED LIABILITY COMPANY (LLC) INFORMATION
COMPLETE INFORMATION FOR ALL MEMBERS**

First Name	Middle Initial	Last Name	% Ownership _____
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Street Address	City, State, Zip
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Social Security Number	Telephone Number
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First Name	Middle Initial	Last Name	% Ownership _____
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Street Address	City, State, Zip
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Social Security Number	Telephone Number
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First Name	Middle Initial	Last Name	% Ownership _____
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Street Address	City, State, Zip
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Social Security Number	Telephone Number
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First Name	Middle Initial	Last Name	% Ownership _____
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Street Address	City, State, Zip
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Social Security Number	Telephone Number
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First Name	Middle Initial	Last Name	% Ownership _____
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Street Address	City, State, Zip
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Social Security Number	Telephone Number
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CORPORATION INFORMATION
COMPLETE INFORMATION 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	Corp Title _____
Street Address	City, State, Zip		% Ownership _____
Social Security Number	Telephone Number		

Corporate Officers:

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

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

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

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 Centerville Finance Department or 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 City of Centerville Finance Department or 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 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 City of Centerville Finance Department or 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.

Printed Name: _____ Signature: _____ Date: _____

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 Centerville Finance Department or 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 City of Centerville Finance Department or 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 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 City of Centerville Finance Department or 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.

Name of Partnership: _____, a _____ (state of organization) partnership by

Printed Name: _____ Signature: _____ Title: _____ Date: _____

Limited Liability Company (LLC) – Declaration of Responsibility

By signing this registration form, I _____, a member/officer of _____ (the "LLC"), with full power and authority to bind the LLC, hereby represent and acknowledge that the LLC is responsible for the operation of this hotel location. The LLC is responsible for the collection of the Hotel and Motel Tax from the guests and payment of those tax revenues to the City of Centerville Finance Department or designated agent. The LLC 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 City of Centerville Finance Department or 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 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 LLC agrees to inform the City of Centerville Finance Department or 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.

Name of LLC: _____, a _____ (state of organization) LLC by

Printed Name: _____ Signature: _____ Title: _____ Date: _____

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 Centerville Finance Department or 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 City of Centerville Finance Department or 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 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 City of Centerville Finance Department or 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.

Name of Corporation: _____, a _____ (state of incorporation) corporation by

Printed Name: _____ Signature: _____ Title: _____ Date: _____

GENERAL INFORMATION AND INSTRUCTIONS FOR Form HM-1 **REGISTRATION FOR CERTIFICATE OF AUTHORITY TO COLLECT HOTEL AND MOTEL TAX**



City of Centerville Finance Department
100 West Spring Valley Road
Centerville, Ohio 45458
P: 937-433-7151
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GENERAL INFORMATION

Every hotel operator is required to obtain a Certificate of Authority to Collect Hotel and Motel Tax from the City of Centerville for each hotel location. The Certificate of Authority authorizes the operator to collect the hotel and motel tax from the guest. The City of Centerville municipal code requires each operator to collect the hotel and motel tax on any rent, fee or charge in exchange for occupancy of a hotel room. The hotel and motel tax is 3% of the rent of the occupancy of a hotel room.

A Certificate of Authority is issued by the City of Centerville Finance Department for each hotel location. The certificate is required to be prominently posted on the premises of each hotel location.

Upon the cessation of business at the location name on the Certificate of Authority or upon the sale or transfer of the business, the hotel operator must immediately surrender the Certificate of Authority to the Finance Director and notify the Finance Director in writing that the operator ceased to conduct a hotel operation at the location. The holder of the Certificate of Authority remains liable for the collection of hotel taxes at the location named in the Certificate of Authority, and for the reporting and remitting of such taxes to the Finance Director, until the Certificate of Authority is surrendered and the notice has been made.

PART A: HOTEL OPERATOR INFORMATION

Name of Hotel Operator: This is the company name that the hotel operator is legally called (i.e. Jefferson Investments dba Holiday Inn Express, Jefferson Investments is the name of the hotel operator and Holiday Inn Express Inn is the DBA name).

DBA Name: This is the company name that the hotel operator is doing business as.

Federal Tax ID Number: This is the federal tax identification number, also known as an EIN (employer identification number) and is applied for and assigned by the Internal Revenue Service.

Ohio State Sales Tax Number (also known as Vendor's License Number): Ohio law requires any person or business making retail sales or taxable services to register and obtain a vendor's license number. This is applied for and assigned by the Ohio Department of Taxation.

Date Operator Started Management of this Location: This is the date that the hotel operator began doing business in the City of Centerville at this physical location.

Information: This is the mailing address of the hotel operator. Sometimes a post office box or an address for a corporate location out of the local area is used.

Location of Accounting Records: This is the physical location where the accounting records are kept along with contact information for the custodian of the records.

Ownership Information-Sole Proprietor: If the owner is a sole proprietor, indicate the type and provide residence address.

Ownership Information-Partnership: If the owner is a partnership, indicate the type and complete page 3 with information for all partners.

Ownership Information-Limited Liability Company (LLC): If the owner is an LLC, indicate the state of incorporation and Secretary of State's Registration Number. Complete page 4 for all of the members.

Ownership Information-Corporation: If the owner is a corporation, indicate the state of incorporation and include the Secretary of State's Corporate Identification Number. Complete page 5 for the Statutory Agent and complete the information for all of the corporate officers.

PART B: HOTEL LOCATION INFORMATION

Hotel Name: This is the name on the facility, i.e. Holiday Inn Express.

Street Location: This is the physical address of the hotel.

Date Operation Started: This is the date that the operation began in the City of Centerville.

Number of Rooms Available to Rent: This is the number of physical rooms that are available for guests to rent.

Average Rate: This is the average rate for rooms. Indicate if this is the daily, weekly or monthly rate by checking the appropriate line after supplying the rental rate.

Ownership/Lessor of Real Property Where Hotel is Located: Indicate if the operator owns the land or building where the hotel is located or if the operator leases/manages the land and building where the hotel is located by checking the appropriate line. Provide the information of the property owner along with all contact information. Complete the information regarding the lease term including the number of months on the lease, monthly rental rate and both the effective date and expiration date of the lease.

PART C: DECLARATION OF RESPONSIBILITY

Sole Proprietorship: Read paragraph titled Sole Proprietorship-Declaration of Responsibility. Print your name, sign and date.

Partnership: Read paragraph titled Partnership-Declaration of Responsibility. Fill in all required spaces, sign and date.

Limited Liability Corporation (LLC): Read paragraph titled Limited Liability Corporation (LLC)-Declaration of Responsibility. Fill in all required spaces, sign and date.

Corporation: Read paragraph titled Corporation-Declaration of Responsibility. Fill in all required spaces, sign and date.

Return the completed form to the City of Centerville Finance Department, 100 West Spring Valley Road, Centerville, Ohio 45458.