



CITY OF CUYAHOGA FALLS
INCOME TAX DEPARTMENT
2310 SECOND STREET
CUYAHOGA FALLS, OHIO 44221-2583
 Telephone (330) 971-8220
 Fax (330) 971-8219

Application for Certificate of Registration Admissions Tax - TEMPORARY

Person or Organization Conducting the Place of Entertainment and Responsible for the Taxes on Admission:

Responsible Person/Organization Name:
Responsible Person/Organization Address:
Place of Entertainment Name:
Place of Entertainment Address:
Kind of Place / Type of Entertainment: <input type="checkbox"/> Theatre <input type="checkbox"/> Auditorium <input type="checkbox"/> Dance Hall <input type="checkbox"/> Park <input type="checkbox"/> Convention Center <input type="checkbox"/> Other, please specify:
Phone Number:
First Date of Operation:
Does the Applicant Conduct The Place of Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant Let the Place for Occasional Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to become responsible for the payment of taxes on admissions accruing in connection with the operation of this place of amusement. Furthermore, the facts and statements set forth in this application are true and correct.

Organization or Company Name:	Federal Employer Identification Number:
Address:	Title:
Business Phone:	Date:
Signature:	Name (Please Print):

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE A CERTIFICATE WILL BE ISSUED

mail form to:
 City of Cuyahoga Falls
 Income Tax Department
 2310 Second Street
 Cuyahoga Falls, Ohio 44221

<u>Office Use Only:</u>	
Date Received	_____
Processed By	_____
Cert Issued No.	_____