

SAMPSON COUNTY FINANCE DEPARTMENT
Room Occupancy Tax Application

Business Information

Trade Name of Establishment: _____

Location/Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Fax: _____

Website: _____

Onsite Contact/Manager: _____ Contact Email: _____

Business Begin Date: _____ Number of Rooms: _____

I own a: Motel: _____ Hotel: _____ Bed & Breakfast: _____ Lodge: _____ Campground: _____

I opened my establishment above: _____

Select One

Sole Proprietorship: _____ Partnership: _____ LLC: _____ Corporation: _____ Other: _____
(Please Specify)

Federal Tax ID: _____ or Social Security Number: _____

Owner/Corporation Information

Name: _____ Telephone: _____

Physical Address: _____ Mailing Address: _____

Email Address: _____

Individual/Corporate Officer Information (Residence Address/Telephone)

Name: _____ Telephone: _____

Physical Address: _____ Mailing Address: _____

IF BUSINESS CLOSSES, PLEASE SEND THIS FORM IN WITH THE INFORMATION BELOW COMPLETED:

Date Business Closed: _____ Reason: _____

Signature of Owner: _____