

# EXHIBIT "C"



## Cuyahoga County Fiscal Officer LODGING REGISTRATION FORM

PLEASE PRINT OR TYPE

HOTEL NAME: \_\_\_\_\_ CURRENT VENDOR # \_\_\_\_\_  
(ATTACH COPY OF CURRENT VENDOR LICENSE)

HOTEL ADDRESS: \_\_\_\_\_ HOTEL PHONE # (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOTEL FAX # (\_\_\_\_) \_\_\_\_\_

Contact Person at Establishment: \_\_\_\_\_

DATE OF PURCHASE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ NO. OF ROOMS \_\_\_\_\_

Date of Change of Management: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SEND TAX FORMS TO:

NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MANAGEMENT CO. AND/OR ACCOUNTANT:

NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #(\_\_\_\_) \_\_\_\_\_ FAX #(\_\_\_\_) \_\_\_\_\_

CHECK ONE:

CORPORATION  PARTNERSHIP  SOLE PROPRIETOR  LTD. LIABILITY CORP.

ORGANIZATION NAME: \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CORPORATION CHARTER # \_\_\_\_\_ FEDERAL TAX ID # \_\_\_\_\_

OR SSN # \_\_\_\_\_ **Permanent Parcel #** \_\_\_\_\_

Please provide below the Names and Addresses of all Officers of the Corporation/ Members of the Limited Liability Company/ Partners of the Partnership/ Sole Proprietor.

STATUTORY AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

**Please provide below the Names and Addresses of all Officers of the Corporation/ Members of the Limited Liability Company/ Partners of the Partnership/ Sole Proprietor.**

NAME/TITLE: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_

**IF YOU OWN OTHER HOTELS/MOTELS IN CUYAHOGA COUNTY, PLEASE LIST NAMES AND ADDRESSES. ATTACH SHEET IF NECESSARY.**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**IF OWNER/ ORGANIZATION INFORMATION IS NOT PROVIDED, THE RESPONSIBILITY AND ACCOUNTABILITY WILL DEFAULT TO THE MANANGEMENT/ACCOUNTANT.**

Code of Regulations, page 2:

**“Vendor”** also includes the owner, lessee, mortgagor in possession of the real estate upon whose premises the vendor operates or has operated a hotel, when the vendor is or becomes a non-resident of Ohio or conceals his/her whereabouts or property.

If you have any questions or concerns you may contact this office at (216) 698-2540. FAX (216) 443-8190.

**I KNOWINGLY AFFIRM AND DECLARE UNDER THE PENALTY OF PERJURY [ORC 2921.13(A)(7)] THAT I HAVE EXAMINED THIS FORM, AND THAT THE RECORDS HEREIN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Prepared and Signed By \_\_\_\_\_

Revised 2013

Print Name