



**Town of Flower Mound**  
**Financial Services Department**  
**Hotel Registration Form**  
**Hotel Occupancy Tax**

**Account  
 Number**

Please Return This Form To: Town of Flower Mound  
 Financial Services  
 2121 Cross Timbers Rd.  
 Flower Mound, TX 75028

First time registration w/Flower Mound

Renew/Update registration

One business per form please. Form may be reproduced if necessary.

**Hotel Business Information**

Trade name of your business (the name under which you operate): \_\_\_\_\_ Business phone (area code and number): \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physical address of the hotel (street address - not a P.O. Box or Rural Route address): \_\_\_\_\_  
 \_\_\_\_\_, Flower Mound, Texas ZIP: \_\_\_\_\_

Type of Operation: \_\_\_\_\_ Number of rentable rooms at this location: \_\_\_\_\_  
 \_\_\_\_\_ Average Charge per room: \_\_\_\_\_

(ex: Hotel, Motel, Bed and Breakfast, Short-term apartment rental, Other)

Date you began operation of this hotel (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you own or lease the property: Own \_\_\_\_\_ Lease \_\_\_\_\_ Rent \_\_\_\_\_

If you rent or lease this property, enter the property owner's name and address:

Property Owner's name: \_\_\_\_\_

Property Owner's address: \_\_\_\_\_

Form of Ownership: Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other (sepcify) \_\_\_\_\_

State of Texas Identification Number: \_\_\_\_\_ Federal EID: \_\_\_\_\_

Complete the following two blanks only if Sole Proprietorship is checked above:

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Hotel Owner Information**

Hotel Owner's Full Legal Name: \_\_\_\_\_

Hotel Owner's mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hotel Owner's Telephone Numbers: \_\_\_\_\_ Hotel Owner's email address: \_\_\_\_\_

Business (\_\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ Name of President of Company: \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

### Hotel Predecessor Information

If you purchased an exiting business or business assets, please complete the following:

Trade Name of Former Owner: \_\_\_\_\_

Federal Tax ID of Former Owner: \_\_\_\_\_

Legal Name of Former Owner: \_\_\_\_\_

State of Texas ID of Former Owner: \_\_\_\_\_

Address of Former Owner: \_\_\_\_\_

Phone Number of Former Owner: \_\_\_\_\_

### Hotel Agency or Authorized Representative(s) Information

Name and Information of Authorized Representative(s) of Hotel:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

### Hotel Records Information

Location of Accounting Records: \_\_\_\_\_

Is the Accounting / Bookkeeping function performed in-house? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please provide information on the company/person providing the accounting/bookkeeping function:

Company Name and/or Person Name  
\_\_\_\_\_

Contact Person and Telephone Number (please include area code and extension information)  
\_\_\_\_\_

Address / City / State / Zip Code  
\_\_\_\_\_

Are the records maintained manually or electronically (computerized)? Manual \_\_\_\_\_ Electronic \_\_\_\_\_

Person to be contacted if Hotel / Agency / Person is selected for audit:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

### Signature

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_