

**ROOM OCCUPANCY TAX APPLICATION**

**SELECT ONE:** Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ L.L.C. \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

**INDIVIDUAL OWNER INFORMATION:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*\*If more than one location in Cumberland County, please attach a list of all locations with store numbers and street addresses*

**BUSINESS INFORMATION:**

Trade Name: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_  
Corporate Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Business Begin Date \_\_\_\_\_

**CPA/ACCOUNTANT INFORMATION:**

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

I authorize Cumberland County Tax Administration to discuss my returns with my preparer. (Please initial)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this application is accurate and complete.

**Return completed application to:** Cumberland County Tax Administration  
Gross Receipts Division  
P.O. Box 449  
Fayetteville, NC 28302-0449

**FOR OFFICE USE ONLY**

Account Number Assigned: \_\_\_\_\_ Owner ID Number Assigned: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Beginning Tax Period \_\_\_\_\_ Consolidated: Yes No Variant Cycle: Yes No