



CITY OF GALENA
312 1/2 North Main Street
Galena, Illinois 61036
815-777-1050 • Fax: 815-777-3083
www.cityofgalena.org

**HOTEL TAX COLLECTOR
CERTIFICATE OF REGISTRATION APPLICATION**

In accordance with Chapter 35.82 of the Galena Code of Ordinances, every owner maintaining a lodging business in the city shall obtain a certificate of registration as a hotel tax collector from the treasurer no later than thirty (30) days after commencing such business.

Name of Business: _____
(Name must match registered Assumed Name)

Principal Contact: _____
(Name of General Manager or Owner/Operator)

Lodging Business Location: _____

Principal Office Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Number of Guest Rooms: _____

Estimated Annual Receipts: \$ _____

OWNER(S) / OFFICERS

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

The undersigned certifies that the information set forth in this application is true and accurate to the best of my knowledge.

Signature Date

Title

FOR OFFICE USE ONLY	
Date Received: _____	Received By: _____