

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



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): _____

Principal Email Address: _____

Lodging Business Location: _____

Principal Office Address: _____

City

State

Zip

Phone #: _____ **Fax #:** _____

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

Title

Date

City of Galena Use Only

Date Received: _____ **Received By:** _____