



Hotel Motel Excise Tax Registration Application

Note: The information on this form will be used to establish an account or to update an existing account. Monthly excise tax reporting forms will be generated from this file.

Business Name:	Account #:	
Street Address:		
City/State/Zip:		
Telephone No.:	Fax:	
Manager's Name:	Email:	
Mailing Address:	ATTN:	
City/State/Zip:		
Type of Ownership (check one): ☐ Single Ow		
Corporation Name:		
Date Incorporated: City/S	State where Incorporated	:
Owner's Name:		
Owner's Address:		
City/State/Zip:		
Room Rental Information		
Number of rooms available at the location sho	own above: Avg.	Daily Rate: \$
Weekly Rate (range): \$ to \$	Monthly Rate (range): \$	to \$
The undersigned certifies to the best of their know	ledge that this information is	s true and correct.
Printed Name of Preparer:		_ Date:
Signature:		

Please return this form with remittance to:

City of Dunwoody ATTN: Finance and Administration 4800 Ashford Dunwoody Road Dunwoody, GA 30338