



CITY OF CLEVELAND
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114-1085

Application for Certificate of Registration for the Payment of Admission Taxes
(PERMANENT)

Fee \$10.00

Expires on December 31, 2026

Federal I.D. or Social Security Number_____

Individual or Corporate Name (if applicable)_____

Trade Name (D.B.A.)_____

Business Address_____

City / State / Zip Code_____

Business Phone Number_____

Mailing Address_____

City / State / Zip _____

Nature or Type of Establishment_____

First Date of Operation _____

Does the applicant conduct the place or the amusement? YES or NO

Does the applicant lease the place for occasional entertainment? YES or NO

Name, title, address, and telephone number of person to contact for availability of records or any other information necessary for the proper administration of this tax:

Name_____ Title_____

Address_____

City / State / Zip_____

Telephone Number ()_____

Email contact _____

I agree to become responsible for the payment of taxes on admission occurring in connection with the operation of this place of amusement. *Codified Ordinance §195.10 - Any such owner, lessee or custodian who leases or permits such premises to be used for any amusement, entertainment, exhibition, etc. by a person who is not the owner, shall be jointly and severally liable with the person conducting the amusement, entertainment, exhibition, etc. for collection and remittance of the admissions tax levied under Section [195.02](#) of this chapter.*

Furthermore, the facts and statements set forth in this application are true and correct.

Signature of Applicant Date_____

By _____ (please print) Title _____

Phone Number

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public or License Clerk

Office Use Only

Certificate LUFU____ - _____