City of Shawnee
Application For
Hotel/Motel Occupancy Surcharge
Certificate of Authority

Name of Facility_____

Address_____ City_____ State_____ Zip_____

Phone_(____)_____

Mailing Address (If different):

Address_____ City_____ State_____ Zip_____

Federal Tax I.D. No._____

Manager's Name_____

No. of Rooms to Rent_____

Ownership

Name of Owner_____

Address_____ City_____ State_____ Zip_____

Phone_(____)_____

Type of Ownership: Individual_____ Corporate_____ Other_____

Name of Officers

_____
President

_____
Vice - President

_____
Secretary

Submitted by

_____
Title

_____
Date

Send application to:
City Treasurer
City of Shawnee
P.O. Box 1448
Shawnee, OK 74802-1448