

CITY OF RENO
Annual License Renewal Application
Hotel Rentals

LICENSE NUMBER: R _____
BUSINESS NAME: _____
LICENSEE NAME: _____
BUSINESS LOCATION: _____
MAILING ADDRESS: _____

Last day to pay without penalty:
60 DAYS AFTER EXPIRATION DATE

Renewals will be accepted no more
than 30 days prior to expiration date

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING.

This renewal application and payment must be received within 60 days after the expiration date or a 50% penalty will be assessed. All license fees and applicable penalties must both be paid and this entire form completed before the next annual license or renewal will be issued. The information you provide is subject to audit. Any underpayment of fees is also subject to a 50% penalty (RMC 4.04.140).

Hotel Rentals:

1 through 3 units = \$ 60.00
of additional units _____ X \$10.00 = \$ _____

TOTAL LICENSE FEES	\$	_____
PENALTY (if paid after grace period, 50% of fees due)	\$	_____
TECHNOLOGY FEE	\$	<u>4.00</u>
TOTAL AMOUNT DUE – Send check for this amount.	\$	_____

Be sure to include account number on check.

Keep a copy of this form for your records.

INSTRUCTIONS

Please read before completing form.

1. Verify all printed information on reverse side, and make any changes or corrections as necessary.
2. Complete reverse side of form, filing in the number of items for each activity. Calculate the license fees due for each activity, and subtotal for each category.
3. Total the license fees for each category and enter in the spaces indicated.
4. Compute any penalty due and enter in the designated space on the reverse side.
5. Calculate **Total Amount Due** (please include technology fee).
6. Complete remainder of form, sign, and date.
7. Mail completed form and check (be sure to include your account number on your check) for **Total Amount Due** payable to:

**City of Reno - Business License Division
One East First Street
PO Box 1900
Reno, NV 89505**

BUSINESS STATUS:

Federal Tax Identification Number (EIN): _____

If business has been sold; date sold: _____

Name and address of new owner: _____

No longer in business in Reno; please provide date business closed: _____

For other changes (legal status, owners/officers, new locations, mailing address, phone numbers, etc), please include new information on an attached sheet and mail in with this form, or contact the City License Office at **fl+)** **L' ' (!&\$- \$**. You can also visit **k k k 'fYbc'[c j #i g]bYgg`WbgY** to obtain the proper forms and additional information.

CERTIFICATION

I hereby declare that this application and its supporting data have been examined by me and are true and correct to the best of my knowledge and belief. I acknowledge that the City relies on this information in its conduct of City business and in its management of fiscal affairs. Inaccurate statements of operational or financial data may harm the City, and I may be unable to later change the data for my remedy or benefit. I acknowledge that the information I provide is subject to audit and that this business may be inspected (RMC 4.04.190). Signed personally and with authority to bind the above business.

Authorized Signature: _____

Date _____

Print Name: _____

Phone _____

Title: _____