



GOVERNMENT OF BERMUDA

Ministry of Finance

Office of the Tax Commissioner

**APPLICATION FOR REGISTRATION BY A PERSON CHARGEABLE TO
HOTEL OCCUPANCY TAX**

(For the purposes of Section 6(1) of the Tax Management Act 1976)

1. Name and address of hotel: _____

2. Name and address of proprietor(s): _____

3. Name of person responsible for completion of the return: _____
4. Address of person responsible for completion of the return : _____
_____ Phone #: _____
5. Date of issue of first hotel license, if issued after August 1, 1973: _____

DECLARATION

I declare that the particulars contained above are, to the best of my knowledge and belief, true and correct. I further declare that I am aware that it is an offence by any fraud, art or contrivance whatever to evade or attempt to evade payment of Hotel Occupancy Tax.

Name: _____
Proprietor

Signature: _____

Date: _____

F.B. Perry Building, 40 Church Street, Hamilton HM 12

P.O. Box HM 1374, Hamilton HM FX

Phone (441) 297-7754 Fax: (441) 296-5406 Email: etax@gov.bm Websites: www.taxbermudagov.bm and www.etax.gov.bm

"At Your Service Bermuda!"