



REVENUE DEPARTMENT
www.WakeGov.com

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Gross Receipts Tax Division
One Bank Of America Plaza
421 Fayetteville Street, Suite 200
P.O. Box 2719 Raleigh, NC 27602

ROOM OCCUPANCY TAX APPLICATION

SELECT ONE:

Sole Proprietorship _____ Partnership _____ Corporation _____
Other (please specify) _____

COMPLETE IF APPLICABLE:

Federal Tax ID #: _____

OWNER / CORPORATION INFORMATION

Name: _____ Telephone: _____
Physical Address: _____
Mailing Address: _____
Email Address: _____

INDIVIDUAL / CORPORATE OFFICER INFORMATION (Residence Address/Telephone)

Name: _____ Home Telephone: _____
Home Address: _____
Mailing Address: _____
Email Address: _____

BUSINESS INFORMATION

Trade Name: _____
Location: _____
Telephone: _____ Business Begin Date: _____
Contact Person: _____ Contact Telephone: _____