



**Hotel Occupancy Tax New Owner Information**

<b>HOTEL/RESIDENTIAL PROPERTY INFORMATION</b>	
<b>Enter Hotel Information in Spaces Below</b>	
Start of Business (Date):	
Real Property Tax Account:	
Hotel/Operating Name:	
Address:	
City, State Zip:	
Phone:	
Fax:	
Email:	
Hotel/Residential Property Capacity:	
<b>OWNER/MANAGEMENT INFORMATION</b>	
<b>Enter Owner/Management Information in Spaces Below</b>	
Owner Name:	
Address:	
City, State Zip:	
Phone:	
Fax:	
Email:	
<b>CONTACT PERSON INFORMATION</b>	
<b>Enter Contact Person Information in Spaces Below</b>	
Contact Person Name:	
Address:	
City, State Zip:	
Phone:	
Fax:	
Email:	

\_\_\_\_\_  
**Contact Person Name**

\_\_\_\_\_  
**Contact Person Signature**

\_\_\_\_\_  
**Date**

If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under section 37.10, Penal Code.