CITY OF MIAMI BEACH, FLORIDA RESORT TAX REGISTRATION FORM

| 1) BUSINESS INFORMATION: | _ |
|--------------------------------|---|
| NAME | 6) START DATE OF BUSINESS: |
| ADDRESS | 7) TYPE OF STATE LICENSE: |
| CITY | DIVISION OF HOTELS & RESTAURANTS |
| ZIP CODE | DEPARTMENT OF ALCOHOL, TOBACCO & FIREARMS |
| PHONE NUMBER () | DEPARTMENT OF AGRICULTURE |
| SALES TAX ACCOUNT # | 8) TYPE OF BUSINESS: |
| FEDERAL ID # | |
| 2) OPERATOR INFORMATION: | CORPORATION (ARTICLES OF INCORP.) INDIVIDUAL PARTNERSHIP (PARTNERSHIP AGREEMNT) |
| NAME | TRUST (COURT ORDER) |
| HOME ADDRESS | |
| CITY STATE | 9) KIND OF BUSINESS: (CHECK ALL THAT APPLY) |
| ZIP CODE PHONE # () | [] APARTMENT [] HOTEL/MOTEL |
| DRIVER'S LIC# | BAR/NIGHTCLUB PROPERTY MGMT. |
| SOC. SEC. # | [] BOARDING/ROOMING [] RESTAURANT |
| B) OPERATOR INFORMATION: | [] CONDOMINIUM |
| NAME | 10) # OF RMS/APTS OR SEATING: |
| HOME ADDRESS | 11) CONTACT PERSON |
| CITY STATE | NAME |
| ZIP CODE PHONE # () | ADDRESS |
| DRIVER'S LIC# | CITY, STATE, ZIP CODE |
| SOC. SEC. # | CONTACT PHONE NUMBER () |
| 4) OPERATOR INFORMATION: | E-MAIL ADDRESS: |
| NAME | |
| ADDRESS | 12)OPERATOR'S SIGNATURE DATE |
| CITY STATE | |
| ZIP CODE PHONE # () | 13) RETURN FORM & \$25.00 REGISTRATION FEE TO: |
| DRIVER'S LIC# | CITY OF MIAMI BEACH/RESORT TAX |
| SOC. SEC. # | 1700 CONVENTION CENTER DRIVE MIAMI BEACH, FL 33139 |
| ODER ATOR INFORMATION | PHONE (305)673-7447 |
| 5) OPERATOR INFORMATION: NAME | FAX(305)673-7004 |
| ADDRESS | DO NOT WRITE IN TWO OR LOT |
| CITY STATE | DO NOT WRITE IN THIS SPACE |
| ZIP CODE PHONE # () | CERTIFICATE # REGISTRATION# |
| DDIVED'S LICH | YEARLY MONTHLY |

FORMER CERTIFICATE #

DRIVER'S LIC#

SOC. SEC. #