

For Office Use Only

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If you sell, offer for sale, or provide accommodation in Alberta, or plan to sell, offer for sale, or provide accommodation in Alberta you must register each of your establishments (locations) with Alberta Finance, Tax and Revenue Administration for the purposes of collecting and remitting Alberta Tourism Levy.

This completed form must be submitted to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If you require assistance, telephone (780)427-3044. If calling long distance within Alberta, call (780) 310-0000 then enter 427-3044. Fax (780)427-0348.

APPLICANT IDENTIFICATION (please print):

1. Full Legal Name of Corporation, Partnership or Individual (Surname, First Name):

■ _____

2. Type of Ownership (please check):

■ Corporation Individual

Alberta Corporate Account Number
(enter the 9 or 10 digit number)

■ Partnership Other (specify) _____

Number of Partners

3. Mailing Address:

■ Street: _____

City/Town: _____ Province: [][]

Postal Code: [][][][][][] Country: _____

4. Contact Person:

■ _____ Position: _____

5. Telephone Number:

Fax Number:

Email Address:

■ () _____ ■ () _____ ■ _____

6. List the Authorized Signing Officers of your business:

Name	Address	Telephone	Position

ESTABLISHMENT IDENTIFICATION:

7. Name: _____

8. Address (location of establishment):
Street/Description: _____
City/Town: _____
Telephone Number: (_____) _____

9. Total Number of Rooms Available for Rent: _____

10. Is this a new establishment? (please check) Yes No
If yes, on what date did it commence operating? _____
Y Y Y Y / M M / D D

11. If the establishment was purchased from another person/company, please provide the following information:
Legal Name of Former Owner: _____
Establishment's Former Name: _____
Date of Ownership Change: _____
Y Y Y Y / M M / D D

12. If your operation is seasonal, indicate period(s) of operation:
From: _____ (Month) To: _____ (Month)
From: _____ To: _____

13. Location of Establishment's Books and Records (if different from address shown above):
Street: _____
City/Town: _____
Province: [] [] [] Postal Code: [] [] [] [] [] [] [] [] [] []

14. Name and Location of Business Bank:
Name: _____ City/Town: _____

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief the information contained in this form is true and correct.

Name: _____ Telephone: _____
(please print)

Title: _____ Fax: _____

Signed: _____ Date: _____

The personal information that you provide on this form will be used for the purpose of administering the Tourism Levy Act and Regulations. It is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (RSA 2000). It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information you can contact Tax and Revenue Administration at the telephone numbers and address listed above.