

City of Cle Elum
 119 West First Street
 Cle Elum, WA 98922



Telephone: (509) 674-2262
 Fax: (509) 674-4097
 www.cityofcleelum.com

ADMISSION TAX REGISTRATION FORM

For the purpose of levying a tax for admissions to any place charging an admission in the City of Cle Elum pursuant to Ordinance No. 1447 and Cle Elum Municipal Code Chapter 3.70.

Name of Organization _____ Business License # _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Type of Admission _____

Business Name and Address if Different from above:

Name of Organization _____ Business License # _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Name and title of the person in charge of the books, records and accounts for the admissions charges and tax collections, and the place where they may be examined and audited at all reasonable times:

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Telephone _____

\$30.00 NON-REFUNDABLE CERTIFICATE OF REGISTRATION FEE (CEMC 3.70.050)

The undersigned hereby certifies that all of the information submitted heron is true, complete and correct.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

AMOUNT PAID	DATE RECEIVED	BY	RECEIPT #	REGISTRATION #