



City of Laredo
Hotel Motel Occupancy Tax Questionnaire Form

1102 Bob Bullock Loop P. O. Box 6548 Laredo, Texas 78042-6548 (956) 727-6401 Fax (956) 727-6410

Legal Name of Hotel/Motel: _____

Hotel Business Name (DBA) _____

Business Physical Address _____

Address

Address

City, State, and Zip Code

(_____) _____ - _____
Phone E-mail Address

Mailing Address _____

(If different from above) Address

Address

City, State, and Zip Code

(_____) _____ - _____
Phone E-mail Address

Is your business in the City Limits? ___Yes ___No

Enter the number of rentable rooms. _____

Enter the first day of operation for above business. _____

Do you own, rent or lease property at this location? ___Own ___Rent ___Lease

If you rent/lease, provide owner's information. _____

Name

Address

City, State, and Zip Code

Signature of Owner/Authorized Representative

Print Name and Phone Number