OPERATING LICENSE REGISTRATION FORM

AUSTIN CITY CODE 25-12 | CHAPTER 13 REGULATED ESTABLISHMENTS

Please submit your completed application and the required licensing fee to
register your property with the Austin Code Department by following these steps:

- ☐ **Print and complete the application.**
- ☐ **Check the box next to the Acknowledgment Statement and sign the application.**
- ☐ **MAIL or deliver IN PERSON, both the application AND the required licensing fee:**

MAIL via USPS Certified Mail/ Return Receipt Requested:	OR	**DELIVER IN PERSON at:**
City of Austin - Austin Code Department, Attn: Finance - OL, P.O. Box 1088, Austin, TX 78767		City of Austin - Austin Code Department, 5202 E Ben White Blvd, Suite 550 Austin, TX 78741
		This is NOT A MAILING ADDRESS. Applications to this address will be returned.

LICENSE INFORMATION:

Check One:

☐ Bed & Breakfast   ☐ Hotel   ☐ Motel   ☐ Rooming House   ☐ Boarding House

PROPERTY INFORMATION:

Establishment Name: _____

New Establishment Name: _____

Establishment Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date Open for Business: _____

Date of New Ownership: _____

Number of Rooms: _____ Operating License Number: _____

OWNER INFORMATION:

Owner Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

MANAGER INFORMATION:

Manager Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

BILLING INFORMATION:

Billed To (Name or Company): _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

QUARTERLY TAX REPORT CONTACT:

Contact Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

State Taxpayer Number: _____ State Location Number: _____

VERIFICATION & SIGNATURE:

☐ I DECLARE THAT THE INFORMATION CONTAINED ON THIS DOCUMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Owner or Applicant Signature: _____ Date: _____

Printed Name: _____