



City of Canton Treasury Department

ADMISSION TAX LICENSE APPLICATION
() Temporary License () Permanent License

THE CITY OF
CANTON
Kim R. Perez, Treasurer

Applicant Name: _____

Address: _____

SSN/EIN: _____ () Corp () Ptrshp () Indiv () Non-Profit

Business Phone: _____ Alternate Phone: _____

Email Address: _____

OFFICERS:

Name _____ Address _____

SSN _____ Title _____ Phone _____

Name _____ Address _____

SSN _____ Title _____ Phone _____

Name _____ Address _____

SSN _____ Title _____ Phone _____

Have you ever been licensed before?(Yes)(No) Previous Certificate No. _____

Event Location(s) _____

Owner/Lessee or Custodian of Premises _____

Address: _____ Phone: _____

Nature/Type of Event _____

Date(s) of Event from: _____ to: _____ Ticket Sales Begin _____

Capacity for each event _____ Number of Scheduled Events _____

Anticipated Admission Prices \$	_____	\$	_____	\$	_____	\$	_____	\$	_____
	Advance		Day of Event		Other		Other		Other

Temporary Licenses Only

NOTE: A 5% tax shall be collected at the time the admissions charge is paid, and shall be reported and remitted to the City Treasurer on or before the last day of the month following the month in which the tax is collected or received. The tax shall be deemed to be held in trust for the benefit of the City and deemed to be trust funds in the hands of the person required to collect the tax until paid to the City Treasurer. (Canton City Code Chapter 187)

I agree to pay or ensure the payment of the tax when due on the consideration paid for the privilege of admission to the places and/or event detailed above.

I understand that all books and records including box office statements, ticket stubs, and unsold tickets are subject to audit, and must be retained for a period of six (6) years or until released in writing by the City Treasurer.

I declare that I have examined this application and, to the best of my knowledge and belief, it is true, correct and complete. I declare I am authorized to sign this application on behalf of the applicant.

I understand that any fraudulent misrepresentation or statement in this application may subject me to prosecution for perjury and will result in the revocation of any license granted by the City of Canton.

Print Name

Title

Signature

Date

