LODGING TAX ACCOUNT UPDATE



This form is to be used to update your Lodging Tax account with the City of Tulsa. If there has been a change in ownership or there has been a closure of business, please contact us immediately at: (539) 233-6136 or email us at: Tulsalodgingtax@HdLgov.com.

Establishment Name:					
Business Location:					
Address:	City:		State:	Zip:	County:
Name of Lodging Tax Processe	or:				
Mailing Address:					
Street:	City:	S	tate:	Zip:	_ County:
Business Phone:	Email: _				
Cell Number: Fax Number:					
Ownership Type (Select One):	☐ Sole Proprietorship☐ Non-Profit	□ Partnership		☐ Corporation	
If there has been a change of own	ership, please contact us at Tu	lsalodgingtax@Hdlg	jov.com or	at (539) 233-6136.	
Owner/Operator (If different from Attach additional pages if multiple					
Mailing Address: (Attention)					
Street:	City:	S	tate:	Zip:	_ County:
Business Phone:	Email: _				
Total Rooms for Rent:		Average Daily Rate	e:		
CERTIFICATION: I certify and declare under pe	nalty of perjury that the fo	regoing is true an	d correct	to the best of my	knowledge.
Date:					
Signature of Owner or Agent:				Title:	