



# CITY OF TULSA

## APPLICATION TO PARTICIPATE IN THE TOURISM IMPROVEMENT DISTRICT #1

Department of Finance

Tel: (918) 596-7644

Email: [improvementdistricts@cityoftulsa.org](mailto:improvementdistricts@cityoftulsa.org)

### TO THE DIRECTOR OF FINANCE, TULSA, OK:

- A) The following information is submitted to the Director of Finance to apply to participate in the Tourism Improvement District No.1  
B) The applicant, as hereinafter set out, and in connection with such application makes the following statements and representations:

### GENERAL INFORMATION – PLEASE COMPLETE EACH LINE:

- 1) Name of Hotel: \_\_\_\_\_
- 2) Hotel Address: \_\_\_\_\_  
Hotel City, State, Zip: \_\_\_\_\_
- 3) Hotel Telephone Number: (     ) \_\_\_\_\_
- 4) Hotel Manager's Name: \_\_\_\_\_
- 5) Legal Description of hotel real estate (Lot, block, or meets & bounds): \_\_\_\_\_

### HOTEL OWNER'S INFORMATION:

- 6) Individual or entity who OWNS hotel : \_\_\_\_\_
- 7) Please circle one: Applicant above is a (an)   Individual   Partnership   Corporation   LLC
- 8) Owner's Address: \_\_\_\_\_  
Owner's City, State, Zip: \_\_\_\_\_  
Owner's Telephone: (     ) \_\_\_\_\_
- 9) What date did you assume possession/control of the hotel and/or acknowledged responsibility for operations? \_\_\_\_\_

### OTHER INFORMATION:

- 10) Number of Lodging Rooms: \_\_\_\_\_
- 11) Sales Tax Permit# (Copy must be attached): \_\_\_\_\_  
(Note: Sales Tax Permittee must be the same as #6 above)

### CONTACT FOR ISSUES WITH FILED MONTHLY REPORTS

- 12) Contact Name: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact City, State, Zip: \_\_\_\_\_  
Contact Telephone: (     ) \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### CONTACT FOR BILLING PURPOSES:

- 13) Contact Name: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact City, State, Zip: \_\_\_\_\_  
Contact Telephone: (     ) \_\_\_\_\_  
Contact Email: \_\_\_\_\_