

**EMERGENCY SERVICE
 FEE RETURN FORM**

Account No: _____ FROM: _____ TO: _____ _____ _____ _____	PLEASE ANSWER THE FOLLOWING QUESTIONS: 1. DO YOU WISH TO REMAIN IN OUR RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. HAVE YOU QUIT BUSINESS DURING THIS PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. NAME AND ADDRESS OF NEW OWNER: _____ _____
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FEDERAL ID #: _____ CONTACT PERSON: _____ MAIN PHONE #: _____ <input type="checkbox"/> CHECK TO INDICATE ADDRESS CHANGE OR CONTACT CHANGE AND LIST BELOW _____ _____ _____ <p style="text-align: center;">RETURN REPORTING FORM AND PAYMENT TO: CITY OF BRIDGEPORT 515 W MAIN STREET PO BOX 1310 BRIDGEPORT WV 26330</p>	<p><i>IMPOSITION AND AMOUNT OF FEE: THERE SHALL BE AND COLLECTED A FEE UPON THE OCCUPANCY OF HOTEL ROOMS WITHIN THE CORPORATE LIMITS OF THE CITY. THE RATE OF FEE IMPOSED SHALL BE THREE DOLLARS PER NIGHT FOR THE USE AND OCCUPANCY OF A HOTEL ROOM. THE CONSUMER SHALL PAY TO THE HOTEL OPERATOR THE FEE IMPOSED BY THIS ARTICLE, WHICH FEE SHALL BE ADDED TO AND SHALL CONSTITUTE A PART OF THE CONSIDERATION PAID FOR THE USE AND OCCUPANCY OF THE HOTEL ROOM. THE FEE SHALL BE COLLECTIBLE AS SUCH BY THE HOTEL OPERATOR WHO SHALL ACCOUNT FOR, AND REMIT TO THE CITY, ALL FEES PAID BY CONSUMERS. THE HOTEL OPERATOR SHALL SEPARATELY STATE THE FEE AUTHORIZED BY THIS ARTICLE ON ALL BILLS, INVOICES, ACCOUNTS, BOOKS OF ACCOUNT AND RECORDS RELATING TO CONSIDERATIONS PAID FOR OCCUPANCY OR USE OF A HOTEL ROOM.</i></p> <p><i>THE FEE AUTHORIZED BY THIS ARTICLE SHALL BE DUE AND PAYABLE IN MONTHLY INSTALLMENTS ON OR BEFORE THE FIFTEENTH (15TH) DAY OF THE CALENDAR MONTH NEXT SUCCEEDING THE MONTH IN WHICH THE FEE COLLECTED BY THE HOTEL OPERATOR AT THE TIME OF SUCH SALES.</i></p>
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COMPLETE THIS FORM IN ITS ENTIRETY – IF YOU DO NOT HAVE REPORTABLE FEES, REPORT \$0 TO AVOID DELIQUENT STATUS.

ROOMS RENTED	RATE/ROOM	PENALTY (see below)	TOTAL REMITTANCE
	\$3.00		

<p style="text-align: center;">SIGNATURE REQUIRED</p> UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. AUTHORIZED SIGNATURE _____ DATE _____ PHONE NUMBER: _____	<p>FOR QUESTIONS OR COMMENTS, YOU MAY CONTACT THE CITY'S TAX AND LICENSE DIVISION OF THE FINANCE DEPARTMENT AT (304) 842-8253, MONDAY-FRIDAY, 7:30 AM TO 4:00 PM, FAX (304) 842-6138 OR YOU CAN VISIT OUR WEBSITE AT: WWW.BRIDGEPORTWV.GOV</p>
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PENALTY: Add penalty of 5% for the first month or fraction thereof and 1% for each succeeding month or fraction thereof.