



# CITY OF WOODINVILLE

## ADMISSIONS TAX CERTIFICATE OF REGISTRATION

CITY OF WOODINVILLE · 17301 133RD AVENUE NE · WOODINVILLE, WA 98072 PHONE:  
425- 489- 2700 FAX: 425- 489- 2705 EMAIL: [FINANCE@CI.WOODINVILLE.WA.US](mailto:FINANCE@CI.WOODINVILLE.WA.US)

### SECTION 1 – CONTACT INFORMATION

Applicant Name	
Company/Business	
Mailing Address	
Phone #	
Email	

### SECTION 2 - BUSINESS ACTIVITY/EVENT(S)

**Event Occurrence** – check one:

Single event                                      Multiple events in calendar year                                      On-going operations

**Cost of Admission** – list categories of admission (adult, youth, etc.) and the related price of admission. Attach additional if needed.

Admission category											
Admission price											
Is City tax included?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	No

**Describe the business activity/event(s) related to the business tax:**

**Event Information** – if the exact date(s) of the event are not yet known, please provide the month the event(s) will be held

Name of Event	
Date(s)	
Location	
Hours of Event	

### SECTION 3 - OTHER INFORMATION

*If the site of the event is not owned by the applicant, the following information is required:*

Name of Site Owner	
Site Owner Mailing Address	
Site Owner Phone #	
Site Owner Email	

### SECTION 4 – REQUIRED SIGNATURE

I have read and understand the municipal code requirements related to the City's admissions tax ([WMC Chapter 3.10](#)) and will submit my return within the required timeline. No fee is required for this certificate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Return the complete form to: City of Woodinville  
Attn. Finance Director  
17301 133<sup>rd</sup> Ave NE  
Woodinville, WA 98072

Or scan and email to: [finance@ci.woodinville.wa.us](mailto:finance@ci.woodinville.wa.us)