



AUSTIN CODE DEPARTMENT

OPERATING LICENSE REGISTRATION FORM

AUSTIN CITY CODE 25-12 | CHAPTER 13 REGULATED ESTABLISHMENTS

Please submit your completed application and the required licensing fee to register your property with the Austin Code Department by following these steps:

- Print and complete the application.**
- Check the box next to the Acknowledgment Statement and sign the application.**
- MAIL or deliver IN PERSON, both the application AND the required licensing fee:**

**MAIL via USPS Certified Mail/
Return Receipt Requested:**

City of Austin - Austin Code Department,
Attn: Finance - OL,
P.O. Box 1088, Austin, TX 78767

OR

DELIVER IN PERSON at:

City of Austin - Austin Code Department,
1520 Rutherford Lane, Bldg. 1
Austin, TX 78754

This is NOT A MAILING ADDRESS.
Applications to this address will be returned.

LICENSE INFORMATION:

Check One:

- Bed & Breakfast Hotel Motel Rooming House Boarding House

PROPERTY INFORMATION:

Establishment Name: _____

New Establishment Name: _____

Establishment Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date Open for Business: _____

Date of New Ownership: _____

Number of Rooms: _____ Operating License Number: _____

OWNER INFORMATION:

Owner Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

MANAGER INFORMATION:

Manager Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

OPERATING LICENSE REGISTRATION FORM

BILLING INFORMATION:

Billed To (Name or Company): _____ Phone: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Email: _____

QUARTERLY TAX REPORT CONTACT:

Contact Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____
State Taxpayer Number: _____ State Location Number: _____

VERIFICATION & SIGNATURE:

I DECLARE THAT THE INFORMATION CONTAINED ON THIS DOCUMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Owner or Applicant Signature: _____ Date: _____
Printed Name: _____