

## GOVERNMENTAL PUBLIC FACILITY SALES TAX REBATE REGISTRATION

<b>Name</b>	Name of Governmental Entity <i>(please print or type)</i>	Name of Public Facility			
<b>Public Facility Location Address</b>					
	Number and Street	City	County	State	ZIP Code
<b>Mailing Address</b> <i>(if different)</i>					
	Number and Street	City	County	State	ZIP Code

(1) Sales and Use Tax Account Number(s) Used to Report Public Facility Sales: \_\_\_\_\_

(2) Will there be third party vendor sales of admissions to the public facility or the sale of tangible personal property at the public facility?  Yes  No

(3) Facility Description: \_\_\_\_\_  
 \_\_\_\_\_

(a) Seating Capacity \_\_\_\_\_ (b) County Population \_\_\_\_\_

(c) Description of Planned Events \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(d) Description of Sales That Are Subject to Rebate \_\_\_\_\_  
 \_\_\_\_\_

(e) Date Facility Opened/Plans to Open \_\_\_\_\_

Sales and use tax records and receipts from events held at the public facility must be maintained and submitted to substantiate quarterly claims for refund in accordance with KRS 139.533.

I, the undersigned, have reviewed and understand KRS 139.533 in regard to the Kentucky Sales Tax Governmental Facility Rebate process. To the best of my knowledge and belief, the statements contained on this registration are complete and accurate, and I am duly authorized to sign this registration.

Contact Information:

Name *(please print or type)*: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_