

## Establishment Information Sheet (EIS)



### Accommodation Provider Name

Customer Number	
Business Name	
Operating As (if different)	
HST registration number	

### Establishment Address

Number and Street	
Apt/PO Box, etc	
City, Province	
Postal Code	

### Mailing Address

**SAME AS ABOVE?**                      **YES**                      **NO**                      (if NO fill in cells below)

Number and Street	
Apt/PO Box, etc	
City, Province	
Postal Code	

### Contact information

Name	
Telephone	
E-mail Address	
E-mail invoice?	<b>YES</b> <b>NO</b>

Total Number of Rooms available for rent	
Average annual occupancy rate for the previous year (percentage)	
Average daily rates for the previous year	

**Authorized By**

**Date**

**Authorized Person's signature**

**Position**

Personal Information contained on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 for the purposes of administering payment of accounts owing pursuant to the Municipal Accommodation Tax by-law to the City of Greater Sudbury. Questions about the collection of the information can be directed to the Supervisor of Accounts Receivable at the City of Greater Sudbury, 200 Brady Street, Sudbury, ON, P3A 5P3