

CITY OF BEREAL
DEPARTMENT OF FINANCE
11 BEREAL COMMONS
BEREA, OH 44017

ADMISSION TAX REPORT
CUYAHOGA COUNTY FAIRGROUNDS EVENT

Event: _____

Organization or Company: _____

Contact Person/Title: _____

Address of Org/Company
&/or Contact Person: _____

Date(s) of Event	Number of Admissions	Gross Admissions	Amt of Tax Due (3% of Gross)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount Due to City	_____	_____	_____
_____	_____	_____	_____

I certify that the foregoing statement is true and accurate in all respects.

Signature of Officer or Agent of Organization

IMPORTANT NOTICE

Return Admission Tax report to the Finance Department with check or money order made payable to the City of Berea immediately following the conclusion of the event for which an admission charge has been imposed.

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CERTIFICATE OF REGISTRATION

**ADMISSION TAX
CUYAHOGA COUNTY FAIRGROUNDS EVENT**

Event: _____

Date(s): _____

Organization or Company: _____

Contact Person/Title: _____

**Address of Org/Company
&/or Contact Person:** _____

We will report all activities to which an admission charge is to be made to the Finance Director's office two weeks before and the proceeds from each activity by the 10th of the month following.

Signature of Officer or Agent

Any person conducting or operating any place for entrance to which an admission charge is made shall, on a form prescribed by the Finance Director's office, make application and procure from the Finance Director's office a Certificate of Registration, the fee for which will be One Dollar (\$1.00) which a certificate shall continue valid until the 31st day of December of the year in which the same is issued. Such Certificate of Registration, or duplicate original copies thereof is to be posted in a conspicuous place in each ticket or box office where tickets of admission are sold.

To be completed by The City of Berea:

Date Received by Finance _____

\$1.00 Fee _____

Certificate Number _____

**CITY OF BREA
DEPARTMENT OF FINANCE
11 BREA COMMONS
BEREA, OH 44017**

APPLICATION BY ANY EXEMPT ORGANIZATION FOR ADMISSION TAX EXEMPTION

Must be filed two weeks prior to the first event of the year for which exemption is sought.

To the Finance Director of the City of Berea, Ohio:

Application for exemption from payment of Admission Tax during the following event(s) at the Cuyahoga County Fairgrounds is hereby made by the following organization:

Organization _____

Contact Person _____

Address _____

Name of Event _____

Date(s) of Event _____

Taxpayer ID Number _____

I certify that this organization is tax exempt, and the proceeds from all activities for which an Admission Charge is made will be used exclusively by this exempt organization, and therefore not subject to the admissions tax.

We will report all activities to which an Admission Charge is to be made to the Finance Director immediately upon collection of admission payments. If it should afterwards be shown that our claim is not VALID we understand we shall be subject to the FINES and PENALTIES subscribed by law.

I certify that the foregoing statement is true and accurate in all respects, and agree to observe all restrictions imposed by the granting of a Certification of Exemption for the year.

Signature of Officer or Agent of Organization