

## MUNICIPAL ACCOMMODATION TAX (MAT) - REGISTRATION

SECTION 1 – IDENTIFICATION											
Legal Name of Accommodation Provider											
Operating Name of Accommodation Provider											
Accommodation Type (Please check)	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Short-Term Rental  <input type="checkbox"/> Other (Please specify) _____										
Municipal Address of Accommodation Provider											
Mailing Address (if different from above)											
Contact Name and Title											
Contact Telephone Number											
Contact Email Address											
SECTION 2 – DECLARATION											
<p>I, the undersigned, acknowledge receipt of the MAT information package and the responsibility and requirements to report and self-remit the Municipal Accommodation Tax based on the following:</p> <p style="margin-left: 40px;">Annual revenue in excess of \$6M CAD – Monthly (due within 30 days) Annual revenue under \$6M CAD – Quarterly (due within 30 days)</p> <table border="1" style="margin-left: 40px; border-collapse: collapse; width: 60%;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Quarterly Period</th> <th style="text-align: left; padding: 5px;">Due Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">January 1 – March 31</td> <td style="padding: 5px;">April 30</td> </tr> <tr> <td style="padding: 5px;">April 1 – June 30</td> <td style="padding: 5px;">July 30</td> </tr> <tr> <td style="padding: 5px;">July 1 – September 30</td> <td style="padding: 5px;">October 30</td> </tr> <tr> <td style="padding: 5px;">October 1 – December 31</td> <td style="padding: 5px;">January 30</td> </tr> </tbody> </table>		Quarterly Period	Due Date	January 1 – March 31	April 30	April 1 – June 30	July 30	July 1 – September 30	October 30	October 1 – December 31	January 30
Quarterly Period	Due Date										
January 1 – March 31	April 30										
April 1 – June 30	July 30										
July 1 – September 30	October 30										
October 1 – December 31	January 30										
Applicant Name											
Applicant Signature											
Date											

SECTION 7 – CONTACT INFORMATION
<p>Completed form can be emailed to: <a href="mailto:mat@citywindsor.ca">mat@citywindsor.ca</a> or dropped off at: 350 City Hall Square W 1ST Floor Windsor, ON N9A 6S1 during Monday to Friday (except holidays) between 8:30am to 4:30pm.</p>

FOR OFFICE USE ONLY:		
<b>Date Received:</b>	<b>Received By:</b>	<b>MAT ID:</b>