



**COBB COUNTY BUSINESS LICENSE DIVISION  
Cumberland Special Services District No. I  
Recreational and Sports Tourism Services Fee**

**Name of Hotel** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Business Location** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Report for the month of** \_\_\_\_\_ **Business License #** \_\_\_\_\_

- \*\*\*\*\*
- I. This report is due between the first and twentieth day of the month following the period for which the return is being filed.
  - II. Report changes of ownership or address to the Business License Division immediately.
  - III. Prepare this report in duplicate and retain one copy.
  - IV. Note: Detailed records supporting all collections must be maintained for three years for audit purposes.
- \*\*\*\*\*

**1. Number of guest rooms rented overnight** \_\_\_\_\_

**2. Recreational and Sports Tourism Services Fee  
(Line 1 multiplied by \$3.00)** \$ \_\_\_\_\_

**3. Penalty – if paid after the 20<sup>th</sup>** (5% of gross fee due per month, or fraction thereof, from the first day after the close of the monthly period for which the fee is due until the date of payment.) \$ \_\_\_\_\_

**4. Interest - if paid after the 20<sup>th</sup>** (1% of gross fee due per month, or fraction thereof, from the first day after the close of the monthly period for which the fee is due until the date of payment.) \$ \_\_\_\_\_

**5. Total Payment (Line 2, plus lines 3 & 4)** \$ \_\_\_\_\_

\*\*\*\*\*

**THIS REPORT MUST BE SIGNED**

I certify that the statements made herein and any supporting documents are true, correct and complete to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone # \_\_\_\_\_  
Signature and Title of Individual Preparing Report      Date

**MAKE CHECK PAYABLE AND MAIL TO:**      **Cobb County Business License Division**  
**ATTN: GEORGE SMITH**  
**P O Box 649**  
**Marietta, GA 30061**  
**Phone 770-528-8402**