



Tax Administration Division
P.O. Box 194
Laguna, NM 87026

Lodging Services Vendor Registration

Vendor Information

Taxpayer Name:

Vendor/Taxpayer Name

Address

City

County

Designated Agent Contact (Name)

Title

Telephone No.

Email Address

Non-Pueblo of Laguna Tribal-Member:

Tribal Affiliation

Tribal ID or BIA Census No.

Non-Pueblo of Laguna (Government)

Department/Agency

Non-Profit

Other:

List Owners, Partners, Corporate Officers (Attach additional pages as needed):

Name

Title

Phone Number

Extension

Email

Tribal ID No.

Name

Title

Phone Number

Extension

Email

Tribal ID No.

Property Information

Property Name:

Property Location:

Property Type:

Hotel

Motel

RV Park

Bed & Breakfast

Guest Ranch

Hospital

Medical Facility

Convalescent Home

Other:

Days and Hours of Operation:

Year round

Seasonal:

Other:

Mon

Tues

Wed

Thu

Fri

24 Hours

Other:

Total number of Lodging Units on property:

Lodging Units: Components of accommodation offered in the service of providing lodging services

Print Name

Signature

TAD Director

Title

Date

Date