



LAGOS STATE GOVERNMENT



LAGOS STATE INTERNAL REVENUE SERVICE

REGISTRATION FORM

FORM HCL 1

HOTEL OCCUPANCY AND RESTAURANT CONSUMPTION TAX LAW

PART A: TO BE COMPLETED BY OWNER/MANAGER OF BUSINESS

1. Business Contact Details

- (a) Name of Business:
- (b) Address:
.....
- (c) Tel. Nos.:
- (d) Mobile No.:
- (e) E-mail address:
- (f) Website:

2. Incorporation/Registration Number:

- (a) Date of Incorporation/Registration:
- (b) Date of commencement of business:

3. Nature of Business (tick as appropriate):

HOTEL	RESTAURANT	EVENT CENTRE	OTHERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (b) Number of Offices/Outlets:

4. Ownership

- (a) Name:
- (b) Address:
- (c) Tel. Nos.: (d) Mobile Nos.:
- (e) E-mail Address: