

**ELY CHAMBER OF COMMERCE  
MEMBER INFORMATION & AGREEMENT**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Winter Address: ( if different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers:

Summer \_\_\_\_\_ Winter \_\_\_\_\_

Fax Numbers:

Summer \_\_\_\_\_ Winter \_\_\_\_\_

800 # \_\_\_\_\_

Website Address \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Business:

Seasonal \_\_\_\_\_ Year Round \_\_\_\_\_

I understand to remain a Ely Chamber of Commerce member in good standing that I must collect the 3% local lodging tax if my business includes lodging, and that I will remain current with the payment of the tax on a monthly basis. I also understand that I must possess a current County Health License as it relates to my business.

Health License: County \_\_\_\_\_ License # \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_