

**TRANSIENT ROOM TAX REGISTRATION**

1. NAME OF BUSINESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

2. NAME OF OWNER \_\_\_\_\_ OWNER'S PHONE \_\_\_\_\_

3. TYPE OF ORGANIZATION \_\_\_\_\_ NAME \_\_\_\_\_ TITLE \_\_\_\_\_

(State if owned by individual, partnership or corporation: \_\_\_\_\_ NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
if partnership, state names of partners & if corporation

state names of officers at right.) \_\_\_\_\_ NAME \_\_\_\_\_ TITLE \_\_\_\_\_

4. STREET ADDRESS OR LOCATON OF BUSINESS \_\_\_\_\_

5. MAILING ADDRESS OF BUSINESS \_\_\_\_\_

6. NUMBER OF ROOMS \_\_\_\_\_ 7. NAME OF OPERATOR OR MANAGER \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE AND TITLE \_\_\_\_\_