TRANSIENT LODGING TAX REGISTRATION

DATE: ______________________

OWNER OF
ESTABLISHMENT

ESTABLISHMENT ADDRESS: __________________________________________

OWNER MAILING ADDRESS: __________________________________________

LEGAL ESTABLISHMENT NAME: _______________________________________

OWNER PHONE NUMBER: ______________________ FAX: __________________

MANAGERS NAME: _________________________________________________

MANAGERS ADDRESS: ______________________________________________

MANAGERS PHONE NUMBER ______________________ FAX: _______________

NUMBER OF ROOMS TO RENT: __________

TYPE OF ORGANIZATION, PLEASE CIRCLE ONE:

INDIVIDUAL  PARTNERSHIP  CORPORATION

NAMES OF PARTNERS OR CORPORATE OFFICERS

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Signature: ______________________ Title: ______________________