



<b>FOR OFFICE USE ONLY</b>	
DATE RECEIVED:	_____
CERTIFICATE NO:	_____

## HOOD RIVER COUNTY TRANSIENT ROOM TAX REGISTRATION

<b>LODGING FACILITY INFORMATION:</b>	Lodging Facility Name		
Site Address of Rental Property	City	State	Zip

<b>TYPE OF ORGANIZATION</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC - Sole Proprietor <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation <input type="checkbox"/> LLC - Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC - Partnership	Within City Limits? <input type="checkbox"/> Yes <i>If yes do not fill out this form, contact the City where your property is located.</i> <input type="checkbox"/> No
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<b>TYPE OF LODGING ACCOMODATIONS &amp; NUMBER OF UNITS</b>					
<i>(If you have multiple properties, please provide a separate registration for each property and physical address)</i>					
	# of Units		# of Units		# of Units
<input type="checkbox"/> Bed & Breakfast	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Inn	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Hostel	<input style="width: 40px;" type="text"/>
<input type="checkbox"/> Cabin	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Condominium	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Guest Ranch	<input style="width: 40px;" type="text"/>
<input type="checkbox"/> Campground	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Duplex	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Vacation Home	<input style="width: 40px;" type="text"/>
<input type="checkbox"/> RV Site	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Townhome	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> _____	<input style="width: 40px;" type="text"/>
<input type="checkbox"/> Hotel/Motel	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Lodge	<input style="width: 40px;" type="text"/>		

<b>PROPERTY OWNER INFORMATION:</b>	Owner Name		
Owner Mailing Address	City	State	Zip
Owner Email Address	Telephone	Cell Phone	

<b>ADDITIONAL OWNER INFORMATION:</b>	Owner Name		
Owner Mailing Address	City	State	Zip
Owner Email Address	Telephone	Cell Phone	

*Use additional sheets if necessary for name of additional owners, partners or corporate officers. (Please print clearly)*

<b>INDIVIDUAL/COMPANY RESPONSIBLE FOR THE COMPLETION OF THE MONTHLY FORM &amp; PAYMENT OF THE TAXES:</b>			
<input type="checkbox"/> Owner	<input type="checkbox"/> Property Management	<input type="checkbox"/> Accountant/Bookkeeper	<input type="checkbox"/> Other _____

Business Name	Person of Contact		
Mailing Address	City	State	Zip
Email Address	Telephone	Cell Phone	

<b>LOCATION OF FINANCIAL RECORDS IF DIFFERENT THAN ABOVE:</b>
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The information provided on this form will be used primarily for identification and compliance purposes in the administration of Hood River County Transient Room Tax per Hood River County Ordinance.

Under penalty of false swearing, I declare the information in this document and any attachments is true, correct, and complete.

Print Name	Title	
Signature	Date	

**MAIL COMPLETED FORM:** Hood River County Department of Budget & Finance, 601 State St. Hood River, OR 97031  
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