



Department of Finance: 2051 Kaen Road, Oregon City, OR 97045, (503) 742-5400

tlf@clackamas.us

## TRANSIENT LODGING TAX REGISTRATION

Registration Certificate No. (Office Use): \_\_\_\_\_

Owner:

Business Organization Type:

Owner:

Business Name:

Business Mailing Address:

City, State, Zip:

Business Email:

Business  
Phone:

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Lodging Type:

Number of units available:

Lodging Name:

Lodging Address:

City, Zip:

Lodging Manager:

Lodging Email:

Lodging  
Phone:

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Current Daily Rate:

to

Estimate current annual receipts  
subject to Transient Lodging Tax:

Month of first rental

Location of Financial Records:

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Certification:

I certify that 1) to the best of my knowledge and belief, the information provided herein is true and  
2) I have reviewed the Clackamas County Transient Lodging Tax Ordinance and will comply as  
applicable.

Signature of Operator or Preparer

Date