



# TRANSIENT ROOM TAX REGISTRATION

REGISTRATION CERTIFICATE NO: \_\_\_\_\_

Business OrganizationType:

Owners or Corporate Officers

Business Name:

Name:  Title:

Business Mailing Address:

Name:  Title:

City, Zip Code:

Name:  Title:

Business Phone:

Name:  Title:

Business Fax:

Name:  Title:

Business Email:

Name:  Title:

Lodging Type:

Number of Hotel Rooms/Rental Units available

Lodging Mgr:

Current Daily Rate:  to

Lodging Name:

Do you rent rooms on a monthly basis?  No  Yes

If yes, estimate the percentage of total rooms rented on a monthly basis:

Lodging Location Address:

Estimate current annual receipts subject to Transient Room Tax \$

City, Zip Code:

Accounting basis for revenue recording:

Lodging Phone:

Accounting Year Begins (Month):

Lodging Fax:

Lodging Email:

Location of Financial Records:

If Other, please specify

Certification:  
I certify that 1) to the best of my knowledge and belief, the information provided herein is true and 2) I have been given a copy of the Clackamas County Transient Room Tax Ordinance and will comply as applicable.

Signature of Operator or Preparer

Date