

CHRISTOPHER R. JONES, CAE, MCR Master Commissioner of the Revenue

## **Registration of Transient Occupancy Establishment**

Name of Business	Federal ID/Social Security No.		
Name of Owner			
Mailing Address			
City, State, Zip			

## Type of Transient Occupancy Business

□Hotel/Motel	□ Camper	□ Bed and Break	fast	□ House/Cabin	□ Other		
Business Location (Street Address)							
City, State, Zip							
Telephone No.			Email Add	ress			
Business Start Date							

The undersigned certifies that this information is true and accurate to the best my knowledge.

Print Name	Title
Signature	Date

Please fill out a registration form for each property subject to the Transient Occupancy Tax. Please remit the completed form to the Commissioner of the Revenue's Office.