

CITY OF IRRIGON TRANSIENT LODGING TAX REGISTRATION FORM

Type of Business: ☐ Hotel/Mote	I □ Bed & Breakfast □ House/Condo □ R\	/ Park □ Online R	etailer 🗆 C	Other
Business Name				
Business Address				
Duaineae Dhana	Street	City	State	Zip code
Business Phone	Business Fax		_	
How long in business				
No. of Rooms/RV Spaces	Average No. of Rooms/RV Sp	aces rented monthly	·	
Ownership Type Individual	□ Partnership □ Corporation □ Other: _			
Owner/Partner/Officer				
	Name		Title	
Mailing Address	Street	City	State	Zip code
Phone Number	E-mail Address	·		•
Additional Owner/Partner/Officer	Name		Title	
Mailing Address				
	Street	City	State	Zip code
Phone Number	E-mail Address			
Additional Owner/Partner/Officer				
Mailing Address	Name		Title	
Mailing Address	Street	City	State	Zip code
Phone Number	E-mail Address			
Individual/Company responsible	for completion of quarterly tax forms and payme	nt of taxes		
Contact Person				
	Name	•	Title	
Mailing Address	Street	City	State	Zip code
Phone Number	E-mail Address	Gy	Ciais	p
Pursuant to Section 7 of Chapter with the City of Irrigon. Acceptar	2 of Title 3 of the City of Irrigon Code, this appliance of the subject tax shall not be construed to congage in illegal activities or a waiver of any regul	onstitute approval or	regulation	of any
Signature of Owner or Le	egal Representative			
	Printed Name			
	Title			
	Date			