



TRANSIENT LODGING TAX REGISTRATION (Please type or print clearly)

OWNER:	_____	
EMAIL ADDRESS:	_____	
MAILING ADDRESS:	_____	
CITY, STATE, ZIP:	_____	PHONE NO: _____

BUSINESS NAME:	_____	
BUSINESS URL:	_____	
MAILING ADDRESS:	_____	
CITY, STATE, ZIP:	_____	PHONE NO: _____
PHYSICAL ADDRESS:	_____	
CITY, STATE, ZIP:	_____	NO. OF ROOMS: _____
ACCOUNTANT NAME:	_____	

HOW LONG HAVE YOU OWNED/OPERATED THIS BUSINESS? _____

NAME OF MANAGER: _____

EMAIL: _____

TYPE OF BUSINESS (please SELECT one in the Drop Down List): _____

NAMES OF PARTNERS OR CORPORATION OFFICERS:	
NAME:	TITLE:
_____	_____
ADDRESS:	_____
NAME:	TITLE:
_____	_____
ADDRESS:	_____

PLEASE NOTE: SECTION 3.08.410 OF THE ORDINANCE TO LEVY A 9% TRANSIENT LODGING TAX, PROVIDES THAT A SECURITY DEPOSIT NOT TO EXCEED TWICE THE OPERATOR'S ESTIMATED AVERAGE MONTHLY LIABILITY OR \$5,000.00, WHICHEVER IS GREATER, MAY BE REQUIRED THE DIRECTOR DETERMINES NECESSARY TO ENSURE COMPLIANCE WITH THIS CHAPTER. FOR THE PERIOD IN WHICH TAX RETURNS ARE FILED. THIS SECURITY DEPOSIT, IF REQUIRED, MAY BE IN CASH, BOND, OR OTHER FORM AS THE DIRECTOR DETERMINES NECESSARY TO ENSURE COMPLIANCE WITH THIS CHAPTER.

SIGNATURE

DATE

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