



## CITY OF JACKSONVILLE LODGING TAX REGISTRATION

\*Print or type all information.

Business Name (including DBAs)		Federal Employer Identification Number (FEIN)		
Business Location Address	City	State	ZIP Code	County
Mailing Address	City	State	ZIP Code	
Location of Business Records (if different from above)	City	State	ZIP Code	
Contact Person	Telephone Number	Website Address		Business Start Date

Previous Owner's Name and Address (if applicable)

Has a previous owner ever registered for or paid the City of Jacksonville lodging tax for this facility? If yes, list previous owner:

Type of Accommodation (please check all that apply)

*If you are responsible for multiple vacation rental properties, you must provide a listing of each property and its physical address*

- |   |   |
|---|---|
| <input type="checkbox"/> Hotel—Number of units: _____             | <input type="checkbox"/> Vacation Home—Number of units: _____ |
| <input type="checkbox"/> Motel—Number of units: _____             | <input type="checkbox"/> RV Site—Number of units: _____       |
| <input type="checkbox"/> Bed & Breakfast—Number of units: _____   | <input type="checkbox"/> Campground—Number of units: _____    |
| <input type="checkbox"/> Cabin or Cottage—Number of units: _____  | <input type="checkbox"/> Other: _____ -number of units: _____ |
| <input type="checkbox"/> Condo or Townhome—Number of units: _____ |   |

**Names of Owners, Partners, or Corporation Officers. Please print clearly (use additional sheets if necessary):**

Name	Street Address	City, State, ZIP Code

Signature	Date	
<b>X</b>		
PRINT Name Signed Above	Title	Email Address

§3.20.060 (Lodging Tax Reg Form.doc - 2006)

Mail your completed registration form to: City of Jacksonville, PO Box 7, Jacksonville, OR 97530  
Or fax to: 541 899 7882