

CITY OF CONDON
TRANSIENT ROOM TAX REGISTRATION
DATE: _____

1. _____
OWNER

RESIDENTIAL ADDRESS PHONE #

2. _____
BUSINESS NAME PHONE #

MAILING ADDRESS

HOW LONG HAVE YOU OWNED OR OPERATED THE BUSINESS? _____

NAME OF OPERATOR OR MANAGER _____

IF YOU OWN OR OPERATE MORE THAN ONE BUSINESS SUBJECT TO TRANSIENT ROOM TAX, COMPLETE THE FOLLOWING:

<u>Name of Business</u>	<u># of Rooms/Spaces</u>	<u>Business Address</u>	<u>How Long Owned</u>
_____	_____	_____	_____
_____	_____	_____	_____

3. Type of Organization: Individual _____ Partnership _____ Corporation _____

Name of partners or corporation officers:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE:
Pursuant to Ordinance # 04-03 of the City of Condon, application is hereby made for registration with the City of Condon. Acceptance of the subject tax shall not be construed to constitute approval of regulation of any