



Transient Lodging Tax Registration

1128 Main St.
PO Box 445
Condon, OR 97823
Ph. (541) 384-2711
Fax (541) 384-2700
Email: admin@cityofcondon.com

DATE: _____

1. _____
OWNER

RESIDENTIAL ADDRESS PHONE #

E-MAIL ADDRESS

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____