



# Transient Occupancy Tax Registration

**IMPORTANT**  
CHANGE OF OPERATOR/OWNERSHIP  
REQUIRES A NEW APPLICATION

For office use only	
Business License No.	
Date Issued	

Please check **ONE** box only:

- Owner/operator/management company
- Transient lodging intermediary

Please print.

## Part A—Contact information

Business name/owner (including DBA)				FEIN/SSN	
Mailing address		City		State	ZIP code
Physical address of rental property (if different). If multiple addresses, complete Part G. Transient lodging intermediaries use "various."					Business phone number
City	State	ZIP code	County		Start date offering lodging

## Contact person/operator/manager

Name		Title		Daytime phone number	
Email		Web address		Fax number	

## Part B—Type of organization

- Sole proprietor (individual)   
  Corporation   
  LLC (Organized as partnership)   
  Government  
 Partnership   
  LLC (Organized as sole proprietor)   
  LLC (Organized as corporation)   
  Other \_\_\_\_\_

## Part C—Type of accommodation(s) (please check all that apply)

	Number of units		Number of units
<input type="checkbox"/> Bed & breakfast	_____	<input type="checkbox"/> Vacation home	_____
<input type="checkbox"/> Campground/RV Site	_____	<input type="checkbox"/> Transient lodging intermediary	<u>N/A</u>
<input type="checkbox"/> Hotel	_____	<input type="checkbox"/> Other—describe:	_____
<input type="checkbox"/> Motel	_____		_____

## Part D—Owners, officers, partners information

Names of owners, partners, or corporation officers. Please print clearly (use additional sheets if necessary):

Name		Social Security number	
Address		City	State ZIP code
Name		Social Security number	
Address		City	State ZIP code
Name		Social Security number	
Address		City	State ZIP code

**Part E—Signature**

This information will be used primarily by the City of Coos Bay for identification and compliance purposes in the administration of transient room tax in accordance with Coos Bay Municipal Code (CBMC) Chapter 3.55.

Under penalty of false swearing [CBMC 3.55.150], I declare the information in this document and any attachments is true, correct, and complete.

Signature <b>X</b>		Date
PRINT name signed above	Title	Daytime phone number

Mail your completed registration form to: **City of Coos Bay  
Finance Department  
500 Central Avenue  
Coos Bay, OR 97420-1804**

Or fax to: **541-267-5912  
Include return fax number**

Phone: **541-269-8915**