



**CITY OF PORTLAND**  
 OFFICE OF MANAGEMENT AND FINANCE  
 Sam Adams, Mayor  
 Ken Rust, Interim Chief Administrative Officer  
 Sue Klobertanz, Revenue Bureau Director

**TRANSIENT LODGINGS  
 TAX  
 REGISTRATION FORM**

**PLEASE PRINT OR TYPE**

Total Number of Rooms \_\_\_\_\_

Hotel/Motel Name \_\_\_\_\_

Hotel/Motel Address \_\_\_\_\_

Operator Name \_\_\_\_\_ Business Phone # \_\_\_\_\_

Taxpayer ID # \_\_\_\_\_ Business License # \_\_\_\_\_

Date of Acquisition/Purchase \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_  
 (If different from Operator)

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 (If different from Operator)

Tax Entity (check one): Sole Proprietor  Partnership  Corporation  Estate

Trust  Ltd. Liability Co.  Ltd. Partnership  S-Corporation  Other:

List Owner, Partner, or Corporate Officers: Attach separate sheet, if necessary

NAME	TITLE	RESIDENCE ADDRESS	PHONE NO.
_____			
_____			

\_\_\_\_\_

\_\_\_\_\_

Please Note:

**The Transient Lodgings Tax Code 6.04.110 provides that a security deposit may be required for the period in which the tax returns are filed. This security deposit, if required, may be in the form of cash, bond, or other security deemed proper by the Revenue Bureau and may not exceed twice the operator's estimated average quarterly liability.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_