



Oregon Lodging Tax Registration

FOR OFFICE USE ONLY	
Date received	
Business identification number (BIN)	

• Please print.

Business name/owner (including DBAs)				Federal employer identification number (FEIN)	
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Mailing address	City	State	ZIP code	County
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Physical site address of rental property (if multiple, see page 2)	City	State	ZIP code	Business telephone number ()
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Contact person	Daytime telephone number ()	E-mail address	Date you began operating your rental
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Has a previous owner ever registered for or paid Oregon lodging tax for this facility? If yes, list previous owners name and address:

Name	Address	City	State	ZIP
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Type of organization

Sole proprietor

Partnership

Corporation

LLC (Organized as sole proprietor)

LLC (Organized as partnership)

LLC (Organized as corporation)

Government

Other _____

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 (see page 2)*

<input type="checkbox"/> Bed & breakfast—Number of units: _____	<input type="checkbox"/> Houseboat—Number of units: _____
<input type="checkbox"/> Cabin—Number of units: _____	<input type="checkbox"/> Inn—Number of units: _____
<input type="checkbox"/> Campground—Number of units: _____	<input type="checkbox"/> Lodge—Number of units: _____
<input type="checkbox"/> Condominium—Number of units: _____	<input type="checkbox"/> Motel—Number of units: _____
<input type="checkbox"/> Duplex—Number of units: _____	<input type="checkbox"/> RV site—Number of units: _____
<input type="checkbox"/> Guest ranch—Number of units: _____	<input type="checkbox"/> Townhome—Number of units: _____
<input type="checkbox"/> Hostel—Number of units: _____	<input type="checkbox"/> Vacation home—Number of units: _____
<input type="checkbox"/> Hotel—Number of units: _____	<input type="checkbox"/> Other: _____ — 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	Social Security number

This information will be used primarily by the Oregon Department of Revenue for identification and compliance purposes in the administration of the Oregon lodging tax.

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

Signature X	Date
PRINT name signed above	Title
Daytime telephone number ()	

Mail your completed registration form to: **State of Oregon Lodging Tax
Oregon Department of Revenue
PO Box 14110
Salem OR 97309-0910**

Or fax to: 503-947-2255

Multiple Vacation Rental Properties Listings

BIN: _____

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

Name of facility: _____
(if applicable)

Physical address: _____

Region (circle): 1 2 3 4 5 6 7 8 9 10

OREGON'S TEN REGIONS

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|------------------|----------------------|---------------------|
| 1. North Coast | 4. Willamette Valley | 8. Mt. Hood / Gorge |
| 2. Central Coast | 5. Portland Metro | 9. Northeastern |
| 3. South Coast | 6. Southern | 10. Southeastern |
| | 7. Central | |

