



Please fill out this form if you are operating a motel, hotel, or short-term rental (STRs). STRs are defined as stays less than thirty days, i.e. AirBnb, VRBO, HomeAway.

Date: _____

1. Name of Business Establishment: _____

Location of Business: _____

Mailing Address of Business: _____

Phone Number of Business: _____

Email Address of Business: _____

2. Owner of Business: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Date Ownership Started: _____

Type of Organization: ___ Individual ___ Corporation/LLC ___ Partnership ___ Other

If other, please explain: _____

Names of Partners or Corporate Officers (If Different):

Name	Title	Address

Name	Title	Address

Name	Title	Address

3. Name of Operator/Manager: _____

Operator/Manager's Title: _____

Operator/Manager's Phone: _____

Operator/Manager's Email: _____

4. Person Responsible for Filing TOT/RTID Tax Return: _____

5. Number of Units Currently Available to Rent: _____

Signature: _____

Date: _____

Title: _____