



Transient Lodging Registration

416 Ferry St - PO Box 339
Dayton OR 97114
Ph # (503) 864-2221
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www.ci.dayton.or.us
cityofdayton@ci.dayton.or.us

For City of Dayton use:

Date Received:	Received By:	Registration Number:
Start Date:	Certificate Issued:	Approved:

Contact Information:

Business Name: _____

Applicants Name: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Physical Address of Rental Property: _____ Dayton, OR 97114

Business Phone: _____ Website Address: _____

Operator Name: _____ (Name of the person who will be collecting the tax)

Daytime Phone Number: _____ Email: _____

Type of Organization:

- Corporaton
 Sole proprietor (individual)
 LLC (Organized as partnership)
 Partnership
 LLC (Organized as sole proprietor)
 LLC (Organized as corporation)
 Government
 Other _____

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	N/A
<input type="checkbox"/> Hotel	_____	<input type="checkbox"/> Other-Describe:	_____
<input type="checkbox"/> Motel	_____		_____

Owners, Officers & Partners Information: (List all owners, officers & partners - print clearly & use additional sheets if necessary)

Name	Address	City	State	Zip	Initials
Name	Address	City	State	Zip	Initials
Name	Address	City	State	Zip	Initials
Name	Address	City	State	Zip	Initials

Applicant Signanture: _____ Date: _____

Print name signed above: _____ Title: _____

The above statements and information herein contained are in all respects true, complete, and correct to the best of my knowledge and belief. All owners must initial the application or submit letters of consent. Incomplete or missing information may delay the approval process.

Mail your completed registration form to: City of Dayton, PO Box 339, Dayton OR 97114