



CITY OF ROGUE RIVER

133 Broadway • Box 1137 Rogue River, Oregon 97537 • (541) 582-4401
Fax: (541) 582-0937 • website: cityofrogueriver.org

TRANSIENT ROOM TAX REGISTRATION

*To be completed by Hotel, Motel and Recreational Vehicle Park Owners
Rogue River Municipal Code 3.05.060*

Business Name _____ Date _____

Business Address _____ Phone _____

Mailing Address _____

E-mail Address _____

Number of Rooms _____

Name of Operator or Manager _____

How long have you owned this business? _____

Type of Organization: Individual _____ Partnership _____ Corporation _____

Type of Accounting: Accrual _____ Cash _____

Names of Owners, Partners or Corporate Officers. Include any third party contacts:

<u>Name</u>	<u>Title</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accounting Year Begins: _____ Ends: _____

Signature _____

Title _____ Date _____

