



Transient Room Tax Registration Form

Business Information:

Business Name _____ Phone _____

Street _____ City _____ State _____ Zip _____

Name of Operator / Manager _____ Phone _____ E-Mail _____

Name and Phone of the Individual Responsible for the completion of the "Transient Room Tax Form" and payment of the taxes _____

Type of Business: (check one)

Bed & Breakfast _____ Vacation Rental _____ Hotel/Motel _____ **Total Rooms** _____

Owner Information:

Form of Ownership: (check one) Individual _____ Partnership _____ Corporation _____

Corporation or Partnership Name if Different from Business Name Above _____

Individual Owners, Partners, or Corporate Officers

Name _____ Titles _____ Address _____

Dundee Municipal Code 3.04.030 Imposition of Fee

For the privilege of occupancy in any hotel, on and after January 1, 2015, each transient shall pay a fee in the amount of 10% of the rent charged by the operator. The fee collected or accrued by the operator is to be held by the operator in trust for the City and shall be deemed to be a debt owed by the operator to the City.

Certification: I certify that 1) to the best of my knowledge and belief, the information provided herein is true and, 2) I have been given a Dundee Transient Room Tax Municipal Code section 3.04 and will comply as applicable.

Signature _____

Date _____

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