



Transient Room Tax Property Registration

Grant County, Oregon

Business Name (Including DBA) _____

Mailing Address _____

Physical Address of Rental Property _____

Business Telephone _____

Owner/Manager's Name _____ Owner Manager

Email Address _____

Web Address _____

Type of Accommodations

- Bed and Breakfast Hotel Motel Campground/RV Site
 Vacation Home Other _____

Number of units/rooms _____

Does your business operate year around? Yes _____ No _____

If you open on a seasonal basis, when do you open and close? _____

I hereby certify that I have received information pertaining to the Transient Room Tax to be paid to the Grant County Chamber of Commerce as prescribed by Ordinance No. 2012-04 and the Transient Room Tax Servicing Agreement.

Operator

Date