



City of Independence

Office of the City Recorder
PO Box 7, Independence, OR 97351

TRANSIENT ROOM TAX REGISTRATION (PLEASE PRINT OR TYPE)

1. **OWNER NAME:** _____
RESIDENCE ADDRESS: _____ **RESIDENCE PHONE:** _____

2. **BUSINESS NAME:** _____ **BUSINESS PHONE:** _____
BUSINESS STREET ADDRESS: _____ **E-MAIL ADDRESS:** _____

BUSINESS MAILING ADDRESS: _____

How long have you owned or operated this business? _____

Name of Operator or Manager _____

3. **If you own more than one business subject to Transient Room Tax, complete the following:**

Name of Business	No. of Rooms	Business Address	How Long Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Tax Entity:** Sole Proprietor Partnership Corporation Estate
(Check one) Ltd. Liability Co. S- Corporation Trust Other

Names of Partners or Corporation Officers:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more space is needed please continue on the back of this form.)

5. **Accounting Year:** **Begins** _____ **Ends** _____

Please Note: Per Independence Municipal Code Chapter 28, Sec. 28,40-51, a security deposit (not to exceed twice the operator's estimated average monthly liability or \$5,000, whichever is less) for the collection of the tax may be required for the period in which tax returns are filed. This security deposit, if required, may be in the form of cash, bond, or other security deemed proper by the City Recorder.

Signature _____ **Title** _____ **Date** _____