

CROOK COUNTY LODGING TAX REGISTRATION

FOR OFFICE
Date Received

• Print or type all information.

Business Name (including DBAs)			Federal Identification Number	
Business Location Address	City	State	ZIP Code	
Mailing Address	City	State	ZIP Code	Business Telephone Number
Location of Business Records (if different from above)	City	State	ZIP Code	Records Telephone Number
Contact Person		Telephone Number		

Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Corporation	Type of Accommodation (please check all that apply) <input type="checkbox"/> Hotel—Number of units: _____ <input type="checkbox"/> RV Sites—Number of units: _____ <input type="checkbox"/> Motel—Number of units: _____ <input type="checkbox"/> Campground—Number of units: _____ <input type="checkbox"/> Bed & Breakfast—Number of units: _____ <input type="checkbox"/> Other: _____ — Number of units: _____
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Name of Bank	Branch Name	Street Address	City, State, ZIP Code
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Names of Owners, Partners, or Corporation Officers. Please print clearly (use additional sheets if necessary):

Name	Street Address	City, State, ZIP Code	Social Security Number

FEDERAL PRIVACY ACT INFORMATION

Under the general authority of OAR 150-305.100, the Social Security numbers of all company officers or owners must be included in this registration. This information will be used primarily by the Oregon Department of Revenue for identification and compliance purposes in the administration of the State of Oregon lodging tax.

DECLARATION

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature	Social Security Number	Date
X		
PRINT Name Signed Above	Title	Telephone Number

Return your completed registration form to the Department of Revenue.

Mail to: **LODGING TAX, CROOK COUNTY TAX COLLECTOR**
200 NE SECOND ST.
PRINEVILLE OR 97754