

## CITY OF CORVALLIS & BENTON COUNTY LODGING TAX REGISTRATION

**Please check ONE box:**

- Lodging Provider  
 Lodging Intermediary

For Office Use Only
Date received:
Tax collector number:

**Part A—Contact Information**

Owner/business name (including DBA)			Phone	
Mailing address	City	State	ZIP code	
Physical address of rental property. If multiple addresses, completed Part E.				
City	State	ZIP code	County	Owner occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Contact person/operator/manager**

Name			Title	
Phone	Email			

**Part B—Type of Organization**

- Sole proprietor (individual)   
 Corporation   
 LLC (as partnership)   
 Government  
 Partnership   
 LLC (as sole proprietor)   
 LLC (as corporation)   
 Other

**Part C—Type of accommodation(s) (please check all that apply)**

	Number of rooms		Number of rooms
<input type="checkbox"/> Bed and Breakfast		<input type="checkbox"/> Vacation Home	
<input type="checkbox"/> Campground/RV Site		<input type="checkbox"/> Lodging Intermediary	NA
<input type="checkbox"/> Hotel		<input type="checkbox"/> Other—describe:	
<input type="checkbox"/> Motel			

**Part D—Signature**

I declare the information in this document and any attachments is true, correct, and complete.

Signature	Date
PRINT Name	Title

Mail your completed registration form to:

City of Corvallis  
Finance Department  
P.O Box 1083  
Corvallis, Oregon 97339-1083

Or visit us at:

City of Corvallis  
Finance Department  
500 SW Madison Avenue  
Corvallis, Oregon 97333

Email: [transient.roomtax@corvallisoregon.gov](mailto:transient.roomtax@corvallisoregon.gov)