



# Bay City Transient Room Tax Registration

**FOR OFFICE USE ONLY**

Data received: \_\_\_\_\_

TRT Identification Number \_\_\_\_\_

Business name & Owner Name				
Mailing address	City	State	ZIP code	Phone number
Physical site address of rental property	City	State	ZIP code	
Contact person/management company	Daytime phone number (     )	E-mail address		

<p><b>Type of organization</b></p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> LLC (Organized as Sole Proprietor)</p> <p><input type="checkbox"/> LLC (Organized as Partnership)</p> <p><input type="checkbox"/> LLC (Organized as Corporation)</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Type of accommodation</b> {please check all that apply} <i>If you are responsible for multiple vacation rental properties, you must provide a listing of each property and its physical address (see page 2)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bed &amp; breakfast-Number of units: _____</td> <td><input type="checkbox"/> Houseboat-Number of units: _____</td> </tr> <tr> <td><input type="checkbox"/> Cabin-Number of units: _____</td> <td><input type="checkbox"/> Inn-Number of units: _____</td> </tr> <tr> <td><input type="checkbox"/> Campground-Number of units: _____</td> <td><input type="checkbox"/> Lodge-Number of units: _____</td> </tr> <tr> <td><input type="checkbox"/> Condominium-Number of units: _____</td> <td><input type="checkbox"/> Motel/Hotel-Number of units: _____</td> </tr> <tr> <td><input type="checkbox"/> Duplex-Number of units: _____</td> <td><input type="checkbox"/> RV site-Number of units: _____</td> </tr> <tr> <td><input type="checkbox"/> Guest ranch-Number of units: _____</td> <td><input type="checkbox"/> Town Home-Number of units: _____</td> </tr> <tr> <td><input type="checkbox"/> Hostel-Number of units: _____</td> <td><input type="checkbox"/> Vacation home-Number of units: _____</td> </tr> <tr> <td><input type="checkbox"/> Hotel-Number of units: _____</td> <td><input type="checkbox"/> Other: _____ Number of units: _____</td> </tr> </table>	<input type="checkbox"/> Bed & breakfast-Number of units: _____	<input type="checkbox"/> Houseboat-Number of units: _____	<input type="checkbox"/> Cabin-Number of units: _____	<input type="checkbox"/> Inn-Number of units: _____	<input type="checkbox"/> Campground-Number of units: _____	<input type="checkbox"/> Lodge-Number of units: _____	<input type="checkbox"/> Condominium-Number of units: _____	<input type="checkbox"/> Motel/Hotel-Number of units: _____	<input type="checkbox"/> Duplex-Number of units: _____	<input type="checkbox"/> RV site-Number of units: _____	<input type="checkbox"/> Guest ranch-Number of units: _____	<input type="checkbox"/> Town Home-Number of units: _____	<input type="checkbox"/> Hostel-Number of units: _____	<input type="checkbox"/> Vacation home-Number of units: _____	<input type="checkbox"/> Hotel-Number of units: _____	<input type="checkbox"/> Other: _____ Number of units: _____
<input type="checkbox"/> Bed & breakfast-Number of units: _____	<input type="checkbox"/> Houseboat-Number of units: _____																
<input type="checkbox"/> Cabin-Number of units: _____	<input type="checkbox"/> Inn-Number of units: _____																
<input type="checkbox"/> Campground-Number of units: _____	<input type="checkbox"/> Lodge-Number of units: _____																
<input type="checkbox"/> Condominium-Number of units: _____	<input type="checkbox"/> Motel/Hotel-Number of units: _____																
<input type="checkbox"/> Duplex-Number of units: _____	<input type="checkbox"/> RV site-Number of units: _____																
<input type="checkbox"/> Guest ranch-Number of units: _____	<input type="checkbox"/> Town Home-Number of units: _____																
<input type="checkbox"/> Hostel-Number of units: _____	<input type="checkbox"/> Vacation home-Number of units: _____																
<input type="checkbox"/> Hotel-Number of units: _____	<input type="checkbox"/> Other: _____ Number of units: _____																

Names of owners, partners, or corporation officers. Please print clearly (use additional sheets if necessary).

Name	Street Address	City	State	Zip

This information will be used primarily for identification and compliance purposes in the administration of property in the City of Bay City Transient Lodging Tax.

Under penalty of false swearing, I declare the information in this document and any attachments is true, correct, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PRINT Name Signed Above \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**MAIL YOUR COMPLETED REGISTRATION FORM TO:**

City of Bay City  
PO Box 3309  
Bay City, OR 97107

Bay City  
Transient Lodging Tax  
Multiple Vacation Rental Properties Listings

---

Name of Facility \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Inside City Limits            \_\_\_\_ Y \_\_\_\_ N

---

Name of Facility \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Inside City Limits            \_\_\_\_ Y \_\_\_\_ N

---

Name of Facility \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Inside City Limits            \_\_\_\_ Y \_\_\_\_ N

---

Name of Facility \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Inside City Limits            \_\_\_\_ Y \_\_\_\_ N

---

Name of Facility \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Inside City Limits            \_\_\_\_ Y \_\_\_\_ N