



City of Milton-Freewater

P.O. Box 6 * 722 S Main
 Milton-Freewater, OR 97862
 Phone: (541)938-5531 Fax: (541)938-8224

Transient Tax Registration Form

Business Information

Business Name: _____	City Business Lic # _____	Purchase Date _____
Location: _____ <i>Street Address</i>	# of Units/Spaces _____	
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip</i>
Mailing: _____ <i>Mailing Address</i>	_____	
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip</i>
Business Phone: () _____	Alternate Phone: () _____	
Contact Name: _____	Contact Phone: () _____	
Email Address: _____	_____	
FTIN or SSN: _____	_____	

Owner Information

Full Name: _____
Last *First & M.I.*

Address: _____
Street Address

City *State* *Zip*

Primary Phone: () _____ **Alternate Phone:** () _____

Co Owner / Spouse Information

Full Name: _____
Last *First & M.I.*

Address: _____
Street Address

City *State* *Zip*

Primary Phone: () _____ **Alternate Phone:** () _____

Relationship: _____

The Transient Lodging Tax Ordinance provides that a security deposit may be required for the period in which the tax returns are filed. This security deposit, if required, may be in the form of cash, bond, or other security deemed proper by the Tax Administrator and may not exceed twice the operator's estimated average quarterly liability or \$5,000 whichever is less.

Signature _____ Date: _____