



# 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 License No.* \_\_\_\_\_ *Date Issued* \_\_\_\_\_

**Location:** \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *# of Units/Spaces* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

**Mailing:** \_\_\_\_\_  
*Mailing Address* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
**Tax ID No. 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:** \_\_\_\_\_