



CITY OF GARIBALDI, OREGON

City Hall ♦ 107—6th Street (PO Box 708) ♦ Garibaldi OR 97118
 Phone: 503-322-3327 ♦ Fax: 503-322-3737 ♦ Email: city@ci.garibaldi.or.us

TRANSIENT ROOM TAX OPERATOR REGISTRATION FORM

Garibaldi Municipal Code 3.05.060 (in part): REGISTRATION OF OPERATOR; FORM AND CONTENTS; EXECUTION, CERTIFICATION OF AUTHORITY: Every person engaging in or about to engage in business as an operator of a hotel in this City shall register with the tax administrator on a form provided by him. Registration sets forth the name under which the operator transacts or intends to transact business, the location of his place or places of business, and such other information to facilitate the collection of the tax as the tax administrator may require. The registration shall be signed by the operator.

NAME UNDER WHICH THE OPERATOR TRANSACTS BUSINESS OR THE VACATOTION RENTAL MANAGEMENT COMPANY: _____
BUSINESS TAX ID NO.: _____

NAME OF OPERATOR/MANAGER: _____

OPERATOR INFORMATION: DOB ___/___/___ **SSN:** ___-___-_____

OPERATOR/MANAGER CONTACT NUMBER(S): _____

SIGNATURE OF OPERATOR/MANAGER: _____ **DATE OF SIGNATURE:** _____

TYPE OF BUSINESS: _____ **NUMBER OF RENTAL UNITS:** _____

MOTEL **HOTEL** **RV PARK** **CONDOS** **VACATION RENTAL** **OTHER:** _____

STREET ADDRESS: _____

MAILING ADDRESS (If Different): _____

Garibaldi Municipal Code 3.05.110(A): SECURITY FOR COLLECTION OF TAX: The tax administrator, whenever he deems it necessary to insure compliance with this ordinance, may require the operator subject thereto to deposit with him such security in the form of cash, bond or other security as the tax administrator may determine. The amount of the security shall be fixed by the tax administrator, but shall not be greater than twice the operator’s estimated average quarterly liability for the period for which he files returns, determined in such a manner as the tax administrator deems proper, subject to limitations herein provided. The operator has a right to appeal to the City Council any decision of the tax administrator made pursuant to this section. The operator may appeal with 20 days of the decision.

REQUIRED DEPOSIT FOR SECURITY OF TAX COLLECTION: _____

PLEASE REMIT TO CITY OF GARIBALDI, PO BOX 708, GARIBALDI, OR 97118

SIGNATURE OF ADMINISTRATOR’S _____
RECEIPT OF FORM: _____ **DATE:** _____