



City of Prineville  
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## TRANSIENT ROOM TAX REGISTRATION FORM

|  |                     |   |                       |
|--|---------------------|---|-----------------------|
| <b>DATE:</b>   |                     |   |                       |
| <b>Owner:</b>  |                     |   |                       |
| <b>Residence Address:</b>  |                     | <b>Residence Phone:</b>                                   |                       |
| <b>Business Name:</b>  |                     | <b>Business Phone:</b>                                    |                       |
| <b>Business Address:</b>   |                     | <b>Number of Rooms:</b>                                   |                       |
| <b>Mailing Address:</b>  |                     | <b>How long have you owned or operated this business:</b> |                       |
| <b>Name of Operator or Manager:</b>  |                     |   |                       |
| <b>If you own more than one business in Prineville subject to Transient Room Tax, complete the next section.</b>                           |                     |   |                       |
| <b>Name of Business:</b>   | <b>No. of Rooms</b> | <b>Business Address:</b>                                  | <b>How Long Owned</b> |
|  |                     |   |                       |
|  |                     |   |                       |
|  |                     |   |                       |
| <b>Type of Organization:</b> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> |                     |   |                       |
| <b>Names of Partners or Corporation Officers:</b>  |                     |   |                       |
| <b>Name:</b>   | <b>Title:</b>       | <b>Address:</b>   |                       |
|  |                     |   |                       |
|  |                     |   |                       |
|  |                     |   |                       |
|  |                     |   |                       |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name