

*WALLOWA COUNTY, OREGON
TRANSIENT LODGING TAX
101 South River Street Room 103
Enterprise, Oregon 97828*

WALLOWA COUNTY TRANSIENT LODGING TAX REGISTRATION FORM

Failure, and/or Refusal to return any Transient Lodging Tax form carries a \$250.00 Fine plus recording fees
Non-registration does not relieve any person from the obligation of payment or collection of the tax.
WC Ordinance 2004-007

PLEASE PRINT OR TYPE

Required Business Information

Short Term Rental or Conditional Use Permit number and date. _____ (Required)	
WC Assessors' Reference Number for Personal Property Tax Return. _____ (Required)	
Please contact your county or city planning department to obtain permits.	
Business Name:	
DBA:	
Owner Name	Owner Name
FEIN/SSN (Required)	Start date lodging offered
Mailing Address	
City	State Zip Code
Business Phone	Other Fax
EMAIL	Business Web address

Type of accommodation(s). Please check all that apply.

<u>Type</u>	<u>Number of units</u>	<u>Type</u>	<u>Number of units</u>
___ Bed & Breakfast	_____	___ Motel	_____
___ Vacation Home	_____	___ Hotel	_____
___ Residence	_____	___ Campground/RV Site	_____

_____ ****My Business uses an Air B&B or VRBO Service****

****IF USING AN AIR B&B OR VRBO SERVICE TO RENT OUT YOUR ROOM(s)/SPACE(s),
YOU AS THE OWNER(s) ARE RESPONSIBLE FOR PAYING ALL LODGING TAX TO
WALLOWA COUNTY, not the Air B&B or VRBO service.****

If you do not think, you should have to collect this tax, please complete the form and state your reasons below.

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ALL Owners are required to sign registration form. Signatures must be original, no fax or copy.

Name		
Mailing Address		
City	State	Zip Code
Please check all that apply <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Manager		
SIGNATURE		

Name		
Mailing Address		
City	State	Zip Code
Please check all that apply <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Manager		
SIGNATURE		

Name		
Mailing Address		
City	State	Zip Code
Please check all that apply <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Manager		
SIGNATURE		

It is your responsibility to request and fill out another form to remove any signors

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Name & physical address of rental(s), if more than one please list separately.

Name of rental		
Physical address		
City	State	Zip Code
Property Tax Reference Number(s)		

Name of rental		
Physical address		
City	State	Zip Code
Property Tax Reference Number(s)		

Name of rental		
Physical address		
City	State	Zip Code
Property Tax Reference Number(s)		

Name of rental		
Physical address		
City	State	Zip Code
Property Tax Reference Number(s)		

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NOTES _____

When we receive your completed registration we will mail a packet of return forms, the county ordinance, an example of how to fill the return forms out and your Transient Lodging registration certificate to collect Wallowa County's 5% Transient Lodging Tax.

The Transient Lodging registration certificate signifies the requirement of submitting your registration form per the Transient Lodging Tax Ordinance of Wallowa County for collecting from transients the room tax imposed, and that you will remit said tax to the Tax Administrator.

The certificate does not authorize any person to conduct any unlawful business or to conduct any lawful business in an unlawful manner, or to operate a transient establishment without strictly complying with all local applicable laws including but not limited to those requiring a permit from any board, commission, department or office of Wallowa County. The certificate does not constitute a use permit.

The certificate needs displayed in a conspicuous place, and is non-transferable. If you close your business, you will need to return the certificate, to the county.

Mail completed registration form to: Wallowa County Treasurer
Keep a copy for your records Transient Lodging Tax Registration
101 S. River St. Rm. 103
Enterprise, Or. 97828
(541)426-7753 (541)426-7755

OFFICE USE ONLY:

CERTIFICATE/ACCOUNT NUMBER _____ ASSESSOR'S REFERENCE # _____

DATE OF ISSUANCE OF CERTIFICATE _____ CONDITIONAL USE PERMIT # _____

ENTERPRISE JOSEPH WALLOWA COUNTY

- Packet contains.
 Letter
 Return Forms/Exemption Form
 Example of return form
 The Ordinance
 Certificate

Date certificate mailed _____

Paperwork completed in register and registration binder.
Business Name – Owner Name -- Address (mailing & situs) – Start date -- Acct # -- E, J, W, C

Completed by _____ Attach to copy of certificate