

CITY OF LA GRANDE 1000 ADAMS AVE. PO BOX 670 LA GRANDE, OR 97850 541-962-1313

Transient Lodging Tax Registration Form

Property Information

Name of Property/Business (Including Doing Business As)			Operation Start Date	
Property Address	Cit	y/State	Zip	
Type of Business (check o		B&B House	Townhouse/Condo	
Ownership Information	(check one): Individu	al Partnership	Corporation	
Name (First/Last)	Title	Phone Number	Email Address	
Mailing Address	City/Sta	ate	e Zip	
Names of Additional Ov	ners, Partners or Corpo	rate Officers		
Name (First/Last)	Title	Phone Number	Email Address	
Name (First/Last)	Title	Phone Number	Email Address	
Records/ Remittance Inf	ormation (if different from	above)		
ndividual/Company responsib	le for the completion of the n	nonthly tax form and pay	ment of the taxes	
Busines Name	Contact Person	Phone Number	Email Address	
Mailing Address	City/Sta	te	Zip	
Signature			Date	
Business License # (if applicable)		Land Use Permit #	Land Use Permit #	