



City of Newberg, Oregon

Transient Lodging Tax Registration Form

Date: _____

Owner _____

Lodging / Listing Name _____ Business Phone _____

Lodging/Listing Address _____ Number of Rooms _____

Mailing Address _____

How long have you owned or operated this business? _____

Name of Operator or Manager _____

Type of Organization: Individual _____ Partnership _____ Corporation _____

Names of Partners or Corporation Contacts

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agreement

Pursuant to Newberg Municipal Code 15.445.320, application is hereby made for registration with the City of Newberg. Acceptance of the subject tax shall not be construed to constitute approval or regulation of any business activity or a permit to engage in illegal activities or a waiver of any regulatory licensing requirement of the City of Newberg or any other governmental agency.

Signature

Title