



**City of Portland Revenue Bureau
Transient Lodging Program**

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Web: www.portlandoregon.gov/revenue/tl

OFFICE USE ONLY:

Received:
Date Received:
Received By:

Transient Lodging Registration Form and Account Update Form

(Fill out completely and type or print legibly. All information is required unless indicated.)

BUSINESS INFORMATION

CHOOSE ONE New Registration, No Account # Account Update, TL Account #: _____

BUSINESS NAME	OPERATOR NAME
BUSINESS STREET ADDRESS (Include City, State, ZIP code)	
BUSINESS PHONE	TOTAL NUMBER OF ROOMS FOR RENT
TAX ID # (FEIN or SSN)	REVENUE BUREAU BUSINESS LICENSE # (If you haven't registered, call 503-823-5157)
DATE OF PURCHASE/ACQUISITION	OPEN DATE
LODGING TYPE <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> *Short Term Rental: **Permit Type <input type="checkbox"/> A <input type="checkbox"/> B #: _____ <input type="checkbox"/> Other, explain: _____ <small>* Examples of short term rentals: Bed & Breakfasts, Vacation Rentals (owner/operator does not live at home) and "Home Stays" (owner/operator lives at home) ** Permit Type A is for 1 or 2 rooms for rent, Permit Type B is for 3 or more rooms for rent</small>	
TAX ENTITY (Check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Other: _____	

CONTACT INFORMATION

CONTACT NAME (Person who will submit reports)

CONTACT PHONE	CONTACT EMAIL ADDRESS
CONTACT MAILING ADDRESS (Include City, State, ZIP code)	
SECONDARY CONTACT NAME (If applicable)	
SECONDARY CONTACT PHONE	SECONDARY CONTACT EMAIL ADDRESS

OWNER, PARTNER, OR CORPORATE OFFICER INFORMATION (attach a separate sheet if necessary)

NAME (If different from contact)	TITLE <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Other: _____
PHONE	EMAIL ADDRESS (Optional)
MAILING ADDRESS (Optional — include City, State, ZIP code)	
NAME (If applicable)	TITLE <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Other: _____
PHONE	EMAIL ADDRESS (Optional)
MAILING ADDRESS (Optional — include City, State, ZIP code)	

I declare, under penalty of making a false statement that to the best of my knowledge and belief, the information herein is correct and true.

Signature: _____ Date: _____