

## City of Portland Revenue Division Transient Lodging Program

Contact: TL Division, <a href="mailto:tltax@portlandoregon.gov">tltax@portlandoregon.gov</a>
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Mailing Address: PO Box 8791, Portland, OR 97207

Phone: 503-865-2857 FAX: 503-823-5189 Web: <a href="https://www.portlandoregon.gov/revenue/tl">www.portlandoregon.gov/revenue/tl</a>

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## **Transient Lodging Registration Form and Account Update Form**

BUSINESS INFORMA	ATION	- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
CHOOSE ONE	New Registration, No Account #	Account Update, TL Account #:
BUSINESS NAME	New Negistration, No Account #	OPERATOR NAME
DOSINESS NAME		OF ERATOR NAIVIE
BUSINESS STREET AL	DDRESS (Include City, State, ZIP code)	
BUSINESS PHONE		TOTAL NUMBER OF ROOMS FOR RENT
TAX ID # (FEIN or SSN)	)	REVENUE DIVISION BUSINESS TAX ACCOUNT # (If you haven't registered, call 503-823-5157)
DATE OF PURCHASE/	ACQUISITION	OPEN DATE
☐ Other, explain: ☐ * Short Term Rental.     * Examples of short term     ** Permit Type A is for it  Short Term Rental Open ☐ I accept lodging pay ☐ I advertise my short ☐ Airbnb ☐ TripA ☐ VacationHomeRe  TAX ENTITY (Check on ☐ Sole Proprietor ☐ Ltd. Liability Co.	A or 2 rooms for rent, Permit Type B is for 3 - 5 rooms for rators (Check all that apply) rements directly. term rental on one or more of the following advisor   HomeAway   FlipKey   Available   Rentalo   Partnership   Corporation   Ltd. Partnership   S-Corporation	g sites:  □ VRBO □ Craigslist □ Other(s): □ OnlineVacationRentals □ Trust
CONTACT PHONE		CONTACT EMAIL ADDRESS
CONTACT MAILING AD	DDRESS (Include City, State, ZIP code)	1
SECONDARY CONTAC	CT NAME (If applicable)	
SECONDARY CONTAC	CT PHONE	SECONDARY CONTACT EMAIL ADDRESS
OWNER, PARTNER.	OR CORPORATE OFFICER INFORM	 MATION (attach a separate sheet if necessary)
NAME (If different from		TITLE  Owner Partner Corporate Officer Other:
PHONE		EMAIL ADDRESS (Optional)
MAILING ADDRESS (C	Optional — include City, State, ZIP code)	1
I declare, under penalty of	of making a false statement that to the best	of my knowledge and belief, the information herein is correct and true.
Signature:		Date: