City of Canby

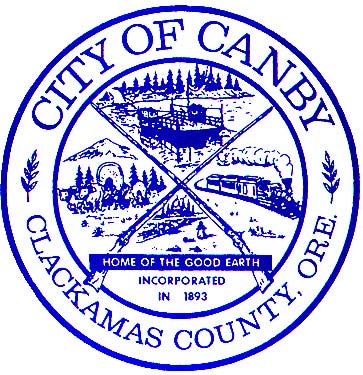
Transient Room Tax

PO Box 930

Canby, OR 97013

503-266-4021

www.canbyoregon.gov



**Transient Room Tax Registration Form**

**Property Information** **Business License #**

Name of Property/Business (including Doing Business As)

Property Address City/State Zip

**Type of Business** (check one):  Hotel/Motel  B&B  Townhouse/Condo  RV Park  Online Retailer  Other

**Ownership Information** (check one):  Individual  Partnership  Corporation  LLC

Name (last/first) Title Phone Number Email Address

Mailing Address City/State Zip

**Names of Additional Owners, Partners, or Corporate Officers**

Name (last/first) Title Phone Number Email Address

Name (last/first) Title Phone Number Email Address

**Records Remittance Information** (if different from above)

Individual/company responsible for the completion of the quarterly tax form and payment of the taxes

Business Name Contact Person Phone Number Email Address

Mailing Address City/State Zip

**Signature** **Date**