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**