



City of Coos Bay
500 Central Avenue, Coos Bay, OR 97420
(541) 269-8915 – Fax (541) 267-5615

TRANSIENT OCCUPANCY TAX REGISTRATION APPLICATION

IMPORTANT
 CHANGE OF OPERATOR REQUIRES
 A NEW APPLICATION

FOR CITY USE ONLY
CERTIFICATE NO. _____
DATE ISSUED _____
BUSINESS LICENSE No. _____

PLEASE PRINT OR TYPE

Business Name _____ Phone No. _____

Local Address _____

Mailing Address _____

Type of Business (Check One): Hotel _____ Motel _____ Bed & Breakfast _____ RV Park _____

Type of Ownership (Check One): Individual _____ Partnership _____ Corporation _____

OWNER(S) NAME

HOME ADDRESS

Operators Name _____

Operator's Address _____

Received this _____ day of _____, 20_____

Janell Howard
 Recorder/Finance Director

By _____

For City Use Only

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT
 THE ABOVE INFORMATION IS TRUE AND CORRECT TO
 THE BEST OF MY KNOWLEDGE AND BELIEF

Authorized Signature
