

Date Received

CITY OF WILSONVILLE TRANSIENT LODGING TAX REGISTRATION

29799 SW Town Center Loop E. • Wilsonville Oregon 97070 • (503) 570-1586 Fax (503) 682-1015

FACILITY (HOTEL) INFORMATION	
Transient Lodging (Hotel) Name	Business Name (if different the Facility Name)
Facility Street Address	Business Mailing Address
City State 7in	City State 7in
City, State, Zip	City, State, Zip
Website Address of Facility (if any)	
BUSINESS OWNER AND CONTACT INFORMATION	
Owner of Facility Name	
Contact Name / Title	Phone Number
Mailing Address	City, State, Zip
Email Address	
SIGNATURE OF OWNER / OPERATOR	
Signature	Print Name
Signature	FillLivalie
Title	Date
riue	Date
Phone number	
For questions call Shelly Marcotte at 503-570-1586 or email: marcotte@ci.wilconville.or.us	
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EOD OFFICE LISE ONLY	

Ву: