ERIE COUNTY, OHIO

Transient Occupancy Registration ERIE COUNTY AUDITOR Richard H. Jeffrey

247 Columbus Avenue #210 Sandusky, OH 44870

419-627-7743 OR 419-627-7746

www.erie.iviewauditor.com

The following information is necessary for the purpose of maintaining the Erie County Hotel Lodging Excise Tax.

Please complete 1 registration form per location and return to: Erie County Auditor, Attn: Heather at 247 Columbus Ave. #210 Sandusky, OH 44870 (mail) OR Hwalters@eriecounty.oh.gov (e-mail)

		(Please type or print)			
1.	Name of Rental or Business:				
	(Use name of establishment)				
2.	Address of Rental or Busines	ss Location:			
	Number & Street	City			Zip Code
3.	Legal Name - Owner/Operato				
		(Use legal name of busines	s: corporation, pa	rtnership Ol	R Owner of Rental)
4.	Address of Owner/Operator:				
	(If different from above)	Number & Street	City		Zip Code
5.	Preferred Address for Corres	spondence (Circle one)	Line 2	OR	Line 4
6.	Location of Rental or Business:				
		(List actual o	city, village, or townsh	ip)	
	List current vendor license number for this business				
7.	List current vendor license n	number for this busine		nlicable	
7.				plicable	e)
7.8.	List current vendor license n			pplicable)
		S owned: (Circle one below)	(If ap	pplicable	3)
	Indicate how this business is	S owned: (Circle one below) or Partnership Corpora	(If ap		,
8. 9.	Indicate how this business is	s owned: (Circle one below) or Partnership Corpora or this establishment:	(If ap		
8. 9. 10.	Indicate how this business is Sole Proprieto Please specify taxpayer ID for	s owned: (Circle one below) or Partnership Corpora or this establishment: able for rent:	(If ap		
8. 9. 10.	Indicate how this business is Sole Proprieto Please specify taxpayer ID for Total number of rooms availa Preferred Telephone Number	s owned: (Circle one below) or Partnership Corpora or this establishment: able for rent:	(If ap		
8. 9. 10. 11.	Indicate how this business is Sole Proprieto Please specify taxpayer ID for Total number of rooms availa Preferred Telephone Number	s owned: (Circle one below) or Partnership Corpora or this establishment: able for rent: r for contact:	(If ap		
8.9.10.11.	Indicate how this business is Sole Propriete Please specify taxpayer ID for Total number of rooms availa Preferred Telephone Number E-ma	s owned: (Circle one below) or Partnership Corpora or this establishment: able for rent: r for contact:	(If ap		