



City of Newberg, Oregon

Transient Room Tax Registration

Date: _____

Owner _____

Business/Vacation Rental Name _____ Business Phone _____

Property Address _____ Number of Rooms _____

Mailing Address _____

How long have you owned or operated this business/rental? _____

Name of Operator or Manager _____

Type of Organization: Individual _____ Partnership _____ Corporation _____

Names of Partners or Corporation Contacts

Agreement

Pursuant to Newberg Municipal Code 15.445.320, application is hereby made for registration with the City of Newberg. Acceptance of the subject tax shall not be construed to constitute approval or regulation of any business activity or a permit to engage in illegal activities or a waiver of any regulatory licensing requirement of the City of Newberg or any other governmental agency.

Signature

Title