



## **Transient Lodging Operator Registration**

### **For Office Use:**

Date Received: \_\_\_\_\_

Customer #: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

### **Proprietor Information:**

Business Name: \_\_\_\_\_

Name of Proprietor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Lodging Information:**

(Please fill out a separate form if multiple lodgings at different addresses/If lodgings are located at one address then one form may be completed)

Name of Lodging(s)/dba: \_\_\_\_\_

Address of Lodging(s): \_\_\_\_\_

\_\_\_\_\_

Number of Lodgings at this Address: \_\_\_\_\_

Date Lodging(s) Established: \_\_\_\_\_

\_\_\_\_\_  
**Owner/Proprietor (Signature)**

### **Return Form To:**

City of Gold Hill, 420 N 6th Ave, Gold Hill, OR 97525

Phone: (541) 855-1525

Email: [info@cityofgoldhill.com](mailto:info@cityofgoldhill.com)