



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:

Physical Address: 420 6th Ave Gold Hill, OR 97525

Mailing Address: P.O. Box 308 Gold Hill, OR 97525

Phone: (541) 855-1525 | Fax: (541) 855-4501

Email: jessica.simpson@ci.goldhill.or.us