



CITY OF BEND

Room Tax Registration Form

Room Tax
PO Box 1458 | Bend, OR 97709
Phone: 541-388-5509
Email: roomtax@bendoregon.gov
Web: www.bendoregon.gov

Property Information

Name of property/business (including DBA):

Property address City/State Zip

Type of business (Check One): Hotel/Motel B&B House Townhouse/Condo
 RV Park Online retailer Boarding House Other _____

Ownership Information (Check One) Individual Partnership Corporation

Name (last, first) Title Phone number Email address

Mailing Address City/State Zip

Names of Additional Owners, Partners, or Corporate Officers

Name (last, first) Title Phone number Email address

Name (last, first) Title Phone number Email address

Records/Remittance Information (if different from above)

Individual/company responsible for the completion of the monthly tax form and payment of the taxes:

Business Name Person of Contact Phone number Email address

Mailing Address City/State Zip

Signature & Title **Date**

Short Term Rental Operator License # _____ Land Use Permit # _____

Business License # _____