

ERIE COUNTY, OHIO
Transient Occupancy Registration

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

(Please type or print)

1. Trade Name of Business: _____
(Use name of franchise, establishment, or inn)

2. Address – Business Location: _____
Number & Street City Zip Code

3. Legal Name - Owner/Operator: _____
(Use legal name of business: corporation, partnership, proprietorship)

4. Address of Owner/Operator: _____
(If different from above) Number & Street City Zip Code

5. Preferred Address for Correspondence (Circle one) **Line 2** OR **Line 4**

6. Location of business _____
(List actual city, village, or township)

7. List current vendor license number for this business _____
(If applicable)

8. Indicate how this business is owned: (Circle one below)
Sole Proprietorship Partnership Corporation LLC

9. Please specify taxpayer ID for this establishment: (SSN or EIN) _____

10. Total number of rooms available for rent: _____

11. Preferred Telephone Number for contact: _____

E-mail for contact: _____

12. Signature of Owner/Operator: _____

For Auditor's Use Only	
Account Number	Date