

# Transient Lodging Tax Registration Form

(Under City of Gresham Code Chapter 9.60)

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

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

Tax ID Number: \_\_\_\_\_

Date Business Acquired: \_\_\_\_\_

Name of Business Operator: \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

**Contact information for party completing required quarterly tax return:**

Contact Name: \_\_\_\_\_

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

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

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Completed by (please print) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

For complete details on operator responsibilities, see [Gresham Revised Code 9.60](#).

**Return completed form to:**

City of Gresham, Finance & Management Services Department

Attention: Ann Travers

1333 NW Eastman Parkway

Gresham, OR 97030-3813

503-618-2325 or [Ann.Travers@GreshamOregon.gov](mailto:Ann.Travers@GreshamOregon.gov)