



Jackson County Lodging Tax Registration Form

226 Main Street, Suite 5

Jackson, Ohio 45640

Phone: 1-740-286-4321

E-Mail: tridgeway@JacksonCountyAuditor.org

For Transient Occupancy Certificate Application, Section 5739.09 O.R.C.

The following information is necessary to register a lodging Establishment within Jackson County, Ohio for the purpose of obtaining a "Transient Occupancy Registration Certificate."

Owner Information:

Owner Name

Phone #

Owner Address

E-Mail

Operator Information: *(if different than Owner)*

Operator Name

Phone #

Operator Address

E-Mail

Company\LLC Information:

Company\LLC Name

Company\LLC Phone #

Company\LLC Address

Type of Lodging: *(Check all that apply)*

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------------|---------------------------------|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Motel | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Lodges |
| <input type="checkbox"/> Cabins | <input type="checkbox"/> RV Space | <input type="checkbox"/> Tent Sites | <input type="checkbox"/> Room |

Unit Information: *(List all Room/Units/Cabins)*

1) _____
Unit Name *Unit Address*

Township *Parcel #*

2) _____
Unit Name *Unit Address*

Township *Parcel #*

3) _____
Unit Name *Unit Address*

Township *Parcel #*

4) _____
Unit Name Unit Address

Township Parcel #

5) _____
Unit Name Unit Address

Township Parcel #

6) _____
Unit Name Unit Address

Township Parcel #

7) _____
Unit Name Unit Address

Township Parcel #

Add an additional sheet if additional spaces are required.

Any change in the Lodging Tax contact given below, ownership or operator change is required to be sent to the Jackson County Auditor in the reporting month the change occurs.

Lodging Tax Return:

Payment is required to be submitted quarterly to the Jackson County Auditor. In the event a facility is not rented during the reporting quarter the Lodging Tax Report is required to be submitted quarterly to the Jackson County Auditor indicating no lodging tax was collected for that period.

Send all Lodging Tax Correspondence to:

Name Phone #

Address E-Mail

Name of Applicant (Print)

Signature of Applicant Date

FOR OFFICE USE ONLY

Certificate Number Date of Issue Taxing District