



Hotel / Motel Operator Registration Form

Date: _____

Name of Business: _____

Tax ID Number: _____

Date Business Opened: _____

Name of Business Operator: _____

Business Address _____

City, State, Zip _____

Phone: _____

Email: _____

Contact information for party completing required quarterly tax return:

Contact Name: _____

Phone: _____

Email: _____

Completed by (please print) Title Date

For complete details on operator responsibilities see [Fairview Municipal Code 3.05](#).

Return Completed form to:
City of Fairview, Finance Department
Attention: Lesa Folger
1300 NE Village St.
Fairview, OR 97024
503-665-7929