



CITY OF JACKSON

TRANSIENT OCCUPANCY TAX REGISTRATION

Date: _____

Owner: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business License #: _____

Residence Address: _____ Phone #: _____

Mailing Address: _____

How long have you owned or operated this business? _____

Type of Organization: Individual: ____ Partnership: ____ Corporation: ____

Names of partners or corporation officers:

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Date required for review by the City of Jackson:

# of Rooms	Rate
_____	@ _____
_____	@ _____
_____	@ _____

Total Rooms: _____ Percentage of Occupancy (from experience): _____

Signature: _____

Title: _____