



**JACKSON COUNTY TOURISM DEVELOPMENT AUTHORITY
ROOM OCCUPANCY TAX REGISTRATION**

This document must be completed and returned. For County of Jackson Use Only
Please type or print with ball point pen. Cert# _____

This information is confidential

Date filed: _____

Check one () new () renewal () final

Commenced new business

Date: _____

Terminated Business

Date: _____

Name Rental _____

Address _____

Contact Telephone #: _____

Email _____

Mailing information if other than rental location:

Type of Establishment: () House () Cottage –Cabin-Chalet or Efficiencies

() Hotel & Motel () Vacations Realty Rentals () Resorts & Clubs

() Bed & Breakfast/Country Inn () Condominium () Campground & RV

If applicant is a corporation: () N.C. () Foreign

Name of principal office _____

Federal Corp. ID # _____

Name of owner(s) residence address:

Name: _____

Social Security#: _____

Street: _____

City & State _____

Zip: _____

Officers:

Name Address S.S#

1. _____

2. _____

3. _____

I, _____ being the title _____

Of the establishment named above, do hereby register for certificate of authority to collect the above named tax and did personally appear before the undersigned and did state that he or she is the person duly authorized by the establishment herein named to file this registration.

Applicant signature _____

Sworn to and subscribed before me this the _____ day of _____

Notary Public Signature _____ (Seal

My commission expires: _____

Return registration to:

Jackson County Finance Office
401 Grindstaff Cove Road
Sylva, NC 28779