



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
Terminated Business

Date:
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