Tri-County Lodging Association - Lake Of The Ozarks Business District
Lodging Registration Form

Business Name: _____

Owner/Manager: _____

Address: _____
City St Zip

Day Phone No.: _____ Night Phone No.: _____

Email Address: _____ Website Address: _____

Please check all that apply:

_____ I am collecting lodging taxes for the rental of Condos and/or houses owned by others.

_____ I am collecting lodging taxes for the rental of Condominium(s) that we own.

_____ I am collecting lodging taxes for the rental of House(s) that we own.

Please provide the following information on the properties you are renting. If more space is needed attach additional sheets.

Unit Number or Name	Complex Name	Physical Address	Zip Code	County Located In

I declare under penalty of perjury that, to the best of my knowledge and belief, the statements herein are true and correct.
Authorized Signature: _____ Date: _____

Name, (Please Print): _____