

Hotel / Motel Operator Registration Form

(Under City of Gresham Code Chapter 9.60.060)

Date: _____

Name of Business: _____

Tax ID Number: _____

Date Business Acquired: _____

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 [Gresham Revised Code 9.60](#).

Return completed form to:

City of Gresham, Finance & Management Services Department

Attention: Melanie Wynne

1333 NW Eastman Parkway

Gresham, OR 97030-3813

503-618-2713 or Melanie.Wynne@GreshamOregon.gov