



Department of Finance

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**TRANSIENT ACCOMMODATION APPLICATION FOR REGISTRATION
(Section 195.07 Maumee Municipal Code)**

The following information is supplied to the City of Maumee, Ohio, for the purpose of registering a transient accommodation dwelling (4 or less rooms for sleeping accommodations) within the city of Maumee with the Director of Finance to obtain a Transient Occupancy Registration Certificate.

1. Taxpayer's Legal Name: _____
2. Address of the Taxpayer: _____
3. Address of the Dwelling: _____
4. Type of Dwelling (house, duplex, apartment, etc.): _____
5. Total Number of Rental Rooms for Sleeping Accommodations in Dwelling: _____

I hereby certify that the information contained herein are true and correct and understand that the Operator is required to collect from transient guests the Hotel-Motel and Transient Occupancy Tax and remit such tax to the Director on a monthly basis along with the occupancy tax return.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Phone or email for questions about this form: _____