

# City of Coquille

Finance Department  
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Phone (541) 396-2115  
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## BUSINESS REGISTRATION FOR TRANSIENT OCCUPANCY TAX

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Manager or primary contact name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Number of Units or Spaces \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_