

Hotel & Short-Term Rental Registration

Date:

**Owner/Operator Information**

Name:

Mailing Address:

Phone Number:

Tax ID Number:

**Business Information**

Name of Business:

Physical Address:

Mailing Address:

Phone Number:

Number of Rooms:

Price Range Per Night:

I understand the rules and regulations on reporting and paying for Hotel Occupancy Tax can be found on the city website at cityofclarendontx.com.

Signature of Owner/Operator