



Department of Finance

400 Conant Street
Maumee, OH 43537-3380
Phone (419) 897-7110
Fax (419) 897-7114
finance@maumee.org

**HOTEL-MOTEL 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 hotel or motel within the city of Maumee with the Director of Finance to obtain a Transient Occupancy Registration Certificate.

1. Name of the Operator: _____
2. Address of the Operator: _____
3. Name of the Hotel or Motel: _____
4. Address of the Hotel or Motel: _____
5. Total Number of Rental Rooms: _____
6. Total Number of Rooms Available for Transients Guest: _____

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 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: _____