



TRANSYLVANIA COUNTY ROOM OCCUPANCY TAX REGISTRATION FORM

Date _____ Registration Number (Office use only) _____

Name of Accommodation or Paying Entity if Multiple Properties:

Physical Address of Accommodation _____

Type of Accommodation (Check All That Apply):

Hotel/Motel B&B/Inn Cabin/Cottage/Home Rental Agency or Multiple Properties
 Permanent Camping Cabin/Tent/RV Room in my Home Other _____

Name of Owner _____

Phone Number of Owner _____

Email of Owner _____

Address of Owner _____

Property Manager Other Than Owner _____

If so, Their Contact Information _____

If Applicable (if Multiple Properties Please List on Back):

Website for Accommodation _____

Vrbo # _____ Homeaway # _____

Airbnb # _____ Flipkey # _____

Other _____

Briefly describe your accommodation(s) including number of units, bedrooms, baths, amenities (if Multiple Properties Please List on Back):

Season of Operation (Year-round, Closed Dec-Mar, etc.): _____

Please complete this form and mail to: Transylvania County Finance Office
101 South Broad Street
Brevard, NC 28712

Or fax to: 828-884-3119