



RENO-SPARKS CONVENTION & VISITORS AUTHORITY
P.O. BOX 837 · RENO, NEVADA · 89504-0837 · PHONE (775) 827-7743

OPERATOR'S APPLICATION FOR ROOM TAX LICENSE INSTRUCTIONS

**THERE IS NO CHARGE FOR A ROOM TAX LICENSE.
IT IS UNLAWFUL TO ENGAGE IN A TRANSIENT LODGING BUSINESS WITHOUT
FIRST SECURING A ROOM TAX LICENSE.**

FACILITY INFORMATION

Physical address: List the street address of your property. Do not list post office boxes.

Mailing address: List the address where you receive your mail and where the RSCVA should mail the room tax returns and all correspondence about your account.

Phone number/fax number/E-mail: List the property's phone number, fax number and E-mail (if applicable).

Person responsible for filing room tax returns/address/phone number/fax number/E-mail: List the person who compiles the information for the filing of the room tax return, and their address, phone number, fax number and E-mail.

Books and records: List the person or professional service that is employed by your business for maintenance or audit of accounting records or for preparing your federal tax return

<u>Type of facility:</u>	Check the type of operation from the list below that best describes your business:
HOTEL	Property may offer a full range of services, including a restaurant and/or gaming.
MOTEL	Property rents predominantly on a daily basis.
RV PARK	Property rents overnight parking for recreational vehicles and campers.
TIMESHARE	Property rents timeshares or condominiums on a time-share basis.
VACATION RENTAL	Property rents private home, townhome, or condominium through a property management service.
HOMEOWNER RENTAL	Property rents private home, townhome, or condominium through the homeowner, an internet site, or other similar means.
28-DAY RENTAL	Property derives at least 1/3 of gross income from 28-day rentals.

Licensed number of units available for rent: The number of units your property is licensed for.

BUSINESS ORGANIZATION and OWNERSHIP INFORMATION

Business organization: Check the ownership structure that applies to your business / private home.

PROPERTY OWNERSHIP

- If the business leases the property, list the information requested and provide the documentation, OR STATE, "Does Not Apply."

APPLICANT'S ACKNOWLEDGEMENT

- Print name, sign, and list title and date as indicated.



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READ INSTRUCTIONS CAREFULLY. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

PROPERTY INFORMATION

Please print or type all information clearly and legibly.

Property / Homeowner name: _____

Physical address: _____

Mailing address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Person responsible for filing room tax returns: _____

Address: _____ Phone No.: _____ Fax No.: _____ E-mail: _____

Books and records are kept by: _____ Contact: _____

Type of facility: Hotel _____ Motel _____ RV Park _____ Timeshare _____ 28-Day Rental _____

Vacation Rental _____ Homeowner Rental _____ LICENSED NUMBER OF UNITS:

BUSINESS ORGANIZATION and OWNERSHIP INFORMATION

Business organization (check only one): Individual _____ Partnership _____ Corporation _____

LLC _____ LLP _____ Trust (Specify) _____

Business ownership: _____

PROPERTY OWNERSHIP AS LISTED WITH WASHOE COUNTY ASSESSOR

Name: _____ Phone No.: _____

Address: _____ E-mail: _____

Relationship to operator: _____

APPLICANT'S ACKNOWLEDGEMENT

I CERTIFY THAT THE INFORMATION ENTERED ABOVE is true, complete, and correct to the best of my knowledge and belief. I agree to follow the REGULATIONS FOR THE COLLECTION AND PAYMENT OF ROOM TAX LICENSE TAXES (ROOM TAX) from the Reno-Sparks Convention & Visitors Authority.

(PRINT NAME) (Signature) (Title) (Date)