

HOTEL TAX EXEMPTION FORM

FOR OFFICE USE ONLY DATE RECEIVED _____	
TAXPAYER NAME _____	CERTIFICATE OF REGISTRATION NUMBER _____
TAXPAYER ADDRESS _____	AS OF / / Month/ Date / Year
CITY _____	STATE _____ ZIP CODE _____
<p>YOU MUST SUBMIT SIGNED FORMS THAT EQUAL THE EXEMPTION. THE AMOUNT SHOULD BE CLAIMED ON LINE TWO (2) OF THE HOTEL TAX FORM.</p>	
CHECK ONE	A M O U N T
<input type="checkbox"/> RENT IS LESS THAN FIVE DOLLARS (\$5.00) PER DAY (See 4A)	\$ _____
<input type="checkbox"/> OCCUPANT IS A PERMANENT RESIDENT (See Section 3H & 4B)	\$ _____
<input type="checkbox"/> RENT BEING PAID BY THE UNITED STATES, THE STATE OF OKLAHOMA, ANY MUNICIPALITY OR OTHER POLITICAL SUBDIVISION OF THE STATE (See 4C)	\$ _____
<p>_____ NAME OF POLITICAL ENTITY</p> <p>_____ NAME OF OCCUPANT</p> <p>_____ OCCUPANT'S ADDRESS</p> <p>_____ CITY STATE ZIP CODE</p>	
Occupant's Sign Here _____	Date _____

* EXEMPTIONS: Ordinance 2001-02, passed 1-16-01; Amended Ordinance 2011-1, passed 1-3-11, Amended Ordinance 2015-21, effective NOVEMBER 6, 2015.