



**TOWN OF GEORGETOWN
LODGING TAX REGISTRATION**

Owner Name _____ Phone _____

Mailing Address _____

Email address: _____

Property Information

Street Address _____

Type of Property: (check one)

Single Family ___ Condo/Townhome ___ Hotel/Motel ___ Other(specify) _____

WHO MUST FILE A RETURN

All establishments which provide accommodations through short term (less than thirty consecutive days) rental or leasing of any hotel room, lodging or inn room, motor hotel, guest house, mobile home, bed and breakfast, short term rental, or any other place that furnishes sleeping accommodations.

WHEN YOU MUST FILE

Returns must be filed monthly by the 20th day of the month following the month for which you are reporting.

All establishments effected are required to obtain a Lodging Tax Number issued by The Town of Georgetown.

Remittance of the Town's Lodging Tax shall be to:

Town of Georgetown
P.O. Box 426
Georgetown, CO 80444

Signed _____

REGISTRATION FEE \$25.00

Number _____