

City of St. Helens
Transient Room Registration Form

265 Strand Street, St. Helens OR 97051 | 503-397-6272

The purpose of the transient room fee ordinance is to fund the promotion and development of tourism and visitor programs in St. Helens. This request complies with Municipal Code 3.20, for transient lodging taxes and fees.

Contact Information

Name of property/business (including DBA)		Tax ID number	
Mailing address	City	State	Zip code
Physical address(es) of rental property (if different)			
Name of operator/manager	Phone number	Email address	
Name of transient room contact (if different)	Phone number	Email address	

Business Information

Affiliated companies or brands			
If seasonal, which months are open?	Date business started operating	Website address	
Type of business & number of spaces/rooms (check all that apply):			
<input type="checkbox"/> Bed & Breakfast _____ <input type="checkbox"/> Camping _____ <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Hotel/Motel _____ <input type="checkbox"/> Vacation Rental _____			
Type of business organization:			
<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Government <input type="checkbox"/> Other: _____			
Name of owners, partners, or corporate officers (use additional sheet if necessary):			
Name		Title	
Mailing address		Phone number	
City		State	Zip code
Name		Title	
Mailing address		Phone number	
City		State	Zip code

I have read Municipal Code Section 3.20 Transient Room Fee, and fully understand my obligation to properly remit the monthly transient room form and payment. I further understand that I must keep records, receipts, and other related documents for a minimum of three years and in a form that the City can review at any time.

I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the information herein is true, correct, and complete.

Operator(s) Signature _____

Date Signed _____

☐ **\$125* Fire/Safety/Health Inspection Fee for First Time Applications**

☐ **\$50* Annual ReInspection Fee**

FOR OFFICE USE ONLY

Date Rec:	Received By:	DEQ Septic Approval Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fee Paid:	Receipt No.:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By:
Planning Consent <input type="checkbox"/>	Building Consent <input type="checkbox"/>	Date Certificate Issued:	By: