CITY OF MASON TAX OFFICE 6000 Mason-Montgomery Road Mason, OH 45040	**CITY OF MASON HOTEL/MOTEL REGISTRATION FORM**	Phone: 513-229-8535 Fax: 513-229-8531 www.imaginemason.org

Name of Business _____ DBA _____

Local Address _____ Local Contact _____
Local Phone Number _____ Local Email Address _____
Local Fax Number _____

Corporate Address _____ Corporate Contact _____
Corporate Phone Number _____ Corporate Email Address
Corporate Fax Number _____ _____

Property Owner Name _____ Prop Owner Phone No. _____
Property Owner Address _____ Property Owner Email Address
_____

Sales Office Manager _____ Sales Office Phone # _____
Type of Business ☐ Hotel ☐ Motel ☐ Other _____
Number of Rooms _____

Single Occupancy Price Range $ _____ Per Day to $ _____ Per Day
Seasonal Single Occupancy Price Range $ _____ Per Day to $ _____ Per Day

Double Occupancy Price Range $ _____ Per Day to $ _____ Per Day
Seasonal Double Occupancy Price Range $ _____ Per Day to $ _____ Per Day

Dates of Seasonal Rate Changes _____

Available Facilities

- ☐ Restaurant(s) Restaurant Name(s) _____
- ☐ Swimming Pool(s) Pool(s) ☐ Outside ☐ Inside ☐ Both
- ☐ Banquet Facilities Min Accomodations _____ Max Accomodations_____
- ☐ Other _____

Other entities operating within the establishment:
Name _____ Address _____ Phone Number _____
Name _____ Address _____ Phone Number _____

I do hereby certify that the above information is true, correct, and complete, to the best of my knowledge.

_____ _____ _____
Signature Title Date