


EXEMPTION CERTIFICATE

HOTEL-MOTEL TAX




HOTEL/MOTEL		ROOM #	DATE	
DATES OF OCCUPANCY: 		FROM	TO	NO. OF DAYS
NUMBER OF EXEMPTED ROOMS	FOLIO #	RATE \$	PER DAY PER ROOM	TOTAL \$ EXEMPT
ONLY 3 REASONS FOR EXEMPTION (check one)				
<input type="checkbox"/> Direct billing to Federal Government		<input type="checkbox"/> Meeting or seminar room		<input type="checkbox"/> Permanent guest (30 days or more)
NAME OF OPERATOR		NAME OF EXEMPTED OCCUPANT		
SIGNATURE		ADDRESS		
		TITLE		

(IF EXEMPTION CERTIFICATE IS NOT COMPLETED IT WILL BE NULL AND VOID)

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