



RENO-SPARKS CONVENTION & VISITORS AUTHORITY
P.O. BOX 837 · RENO, NEVADA · 89504-0837 · PHONE (775) 827-7743

OPERATOR'S APPLICATION FOR ROOM TAX LICENSE INSTRUCTIONS

**THERE IS NO CHARGE FOR A ROOM TAX LICENSE.
IT IS UNLAWFUL TO ENGAGE IN A TRANSIENT LODGING BUSINESS WITHOUT
FIRST SECURING A ROOM TAX LICENSE.**

FACILITY INFORMATION

Physical address: List the street address of your property. Do not list post office boxes.

Mailing address: List the address where you receive your mail and where the RSCVA should mail the monthly room tax returns and all correspondence about your account.

Phone number/fax number/E-mail: List the property's phone number, fax number and E-mail (if applicable).

Facility manager/phone number/cell phone number: List the name of the person who manages your property and their phone number, and cell phone number (if applicable).

Person responsible for filing room tax returns/address/phone number/fax number/E-mail: List the person who compiles the information for the filing of the monthly room tax return, and their address, phone number, fax number and E-mail.

Type of facility: Check the type of operation from the list below that best describes your business:

HOTEL	Property may offer a full range of services, including a restaurant and/or gaming.
MOTEL	Property rents predominantly on a daily basis.
RV PARK	Property rents overnight parking for recreational vehicles and campers.
TIMESHARE	Property rents timeshares or condominiums on a time-share basis.
VACATION RENTAL	Property rents private home, townhome, or condominium.
28-DAY RENTAL	Property derives at least 1/3 of gross income from 28-day rentals.

Licensed number of units available for rent: The number of units your property is licensed for.

Books and records: List the person or professional service that is employed by your business for maintenance or audit of accounting records or for preparing your federal tax return. Enter a contact person familiar with your account and the address, phone number, cell phone number (if applicable), fax number and E-mail. Also, list the date the tax year ends for the federal tax return.

BUSINESS ORGANIZATION and OWNERSHIP INFORMATION

- When listing names of people, list each name separately and completely. "SAME" or "AS ABOVE" is not acceptable.

Business organization: Check the ownership structure that applies to your business.

Business ownership: List name of business as registered with the Nevada Secretary of State. Also, list name(s) of owner(s), home address(s), phone number(s), E-mail(s), ownership percentage, and/or corporate officers and corporate resident agent. NOTE: DO NOT PUT BUSINESS ADDRESS AND PHONE NUMBER IN PLACE OF HOME ADDRESS AND PHONE NUMBER.

PROPERTY OWNERSHIP

- If the business leases the property, list the information requested and provide the documentation, OR STATE, "Does Not Apply."

APPLICANT'S ACKNOWLEDGEMENT

- Print name, sign, and list title and date as indicated.



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OPERATOR'S APPLICATION FOR ROOM TAX LICENSE

READ INSTRUCTIONS CAREFULLY. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

FACILITY INFORMATION

Please print or type all information clearly and legibly.

Facility name:

Physical address:

Mailing address:

Phone No.: Fax No.: E-mail:

Facility manager: Phone No.: Cell Phone No.:

Person responsible for filing room tax returns:

Address: Phone No.: Fax No.: E-mail:

Books and records are kept by: Contact:

Address: Phone No.: Cell Phone No.: Fax No.: E-mail:

Type of facility: Hotel Motel RV Park Timeshare

28-Day Rental Vacation Rental LICENSED NUMBER OF UNITS:

Date business closes accounting records for federal tax returns:

BUSINESS ORGANIZATION and OWNERSHIP INFORMATION

Business organization (check only one): Individual Partnership Corporation

LLC LLP Trust (Specify)

Business ownership: List name of business as registered with the Nevada Secretary of State. Also, list name(s) of owner(s), home address(s), phone number(s), E-mail(s), ownership percentage, and/or corporate officers and corporate resident agent. NOTE: DO NOT PUT BUSINESS ADDRESS AND PHONE NUMBER IN PLACE OF HOME ADDRESS AND PHONE NUMBER. (Attach additional paper if necessary.)

[Blank lines for business ownership details]

List other businesses owned under the same ownership within Washoe County, Nevada:

[Blank line for other businesses]

Date the above ownership took control of this facility:

PROPERTY OWNERSHIP AS LISTED WITH WASHOE COUNTY ASSESSOR

Name: Phone No.:

Address: E-mail:

Relationship to operator: (ATTACH A COPY OF THE PROPERTY LEASE OR A COPY OF A MEMORANDUM OF THE LEASE.)

APPLICANT'S ACKNOWLEDGEMENT

I CERTIFY THAT THE INFORMATION ENTERED ABOVE is true, complete, and correct to the best of my knowledge and belief. I agree to follow the REGULATIONS FOR THE COLLECTION AND PAYMENT OF ROOM TAX LICENSE TAXES (ROOM TAX) from the Reno-Sparks Convention & Visitors Authority.

(PRINT NAME)

(Signature)

(Title)

(Date)