



FULTON COUNTY AUDITOR LODGING TAX REGISTRATION FORM

The following information is necessary to register a lodging establishment within FULTON COUNTY, Ohio for the purpose of obtaining a "Transient Occupancy Registration Certificate."

Name of Lodging Establishment Telephone

Address

Name of Establishment Owner Telephone

Address of Owner

Name of Establishment Operator (if different than Owner) Telephone

Address of Operator

Type of Establishment (circle all that apply):
Hotel Motel Bed & Breakfast Cottage Cabins Condominium Vacation Home Other: _____

Total Number of Rooms/Units Available for Transient Guests

Lodging Tax Contact Person Email Telephone

Send all Lodging Tax Correspondence to:

Name Address Telephone

Name of Applicant (Print Name): _____

Signature Date

Return to: Fulton County Auditor, 152 South Fulton Street, Suite 165 Wauseon, OH 43567

FOR OFFICE USE ONLY:
CERTIFICATE NUMBER _____ DATE OF ISSUE _____