

2) _____
Unit Name *Unit Address*

Township *Parcel #*

3) _____
Unit Name *Unit Address*

Township *Parcel #*

4) _____
Unit Name *Unit Address*

Township *Parcel #*

5) _____
Unit Name *Unit Address*

Township *Parcel #*

6) _____
Unit Name *Unit Address*

Township *Parcel #*

7) _____
Unit Name *Unit Address*

Township *Parcel #*

8) _____
Unit Name *Unit Address*

Township *Parcel #*

9) _____
Unit Name *Unit Address*

Township *Parcel #*

10) _____
Unit Name *Unit Address*

Township *Parcel #*

Lodging Tax Ownership/Contact Change:

Any change in the Lodging Tax contact given below, ownership or operator change is required to be sent to the Jackson County Auditor in the reporting month the change occurs.

Lodging Tax Return:

Payment is required to be submitted quarterly to the Jackson County Auditor. In the event a facility is not rented during the reporting quarter the Lodging Tax Report is required to be submitted quarterly to the Jackson County Auditor indicating no lodging tax was collected for that period.

Lodging Advertisement:

If you wish to opt out of all marketing via the Jackson County Convention & Visitor’s Bureau (JCCVB), please check the box and initial. The JCCVB will not add your property(ies) to any marketing campaign(s). This does not waive the requirement to pay the Lodging Excise Tax. I hereby opt out of all marketing: _____

Send all Lodging Tax Correspondence to:

Name _____
Phone #

Address

E-Mail

Name of Applicant (Print)

Signature of Applicant _____
Date

FOR OFFICE USE ONLY

Certificate Number _____
Date of Issue _____
Taxing District