## CITY OF NEWPORT, RHODE ISLAND CERTIFICATE OF TRANSIENT GUEST FACILITY (RENTALS FOR 30 DAYS OR LESS)

Address of Establishment:	d/	b/a:
Zoning District:	State Registration Code:	
Is the property a house? Yes	No	(Single family, two family, etc.)
Hotel:Apartment:	Condo: Other	
Number of Bedrooms:	Maximum Number of 0	Guests:
Do you reside at the property during	g the rental period? Yes	No
Do you use a hosting platform for re	entals (Airbnb, vrbo, etc.?) Yes_	No (If yes, please specify below)
Are you a "room reseller" (Expedia, Travelocity, etc.)? Yes No		
Owner Name:		
Owner Address:		
Owner Telephone Number(s): (	)	Email address:
Operator/Manager Name:		
Operator/Manager Address:		
Operator/Manager Telephone Number(s): ()		
I hereby certify the following taxes will be collected and remitted:		
R.I. Sales Tax: 7% due on the room sales for each room collected by the establishment and forwarded to the RHODE ISLAND DIVISION OF TAXATION.		
Rooms Tax: 6% (Ren	tal of rooms for less than 30 day	s) REMITTED TO NEWPORT TAX COLLECTOR
Local Tax: 1% (Resident dwelling rented in its entirety; house, apartment, condo, cottage etc.) REMITTED TO THE NEWPORT TAX COLLECTOR		
		DATE BEFORE ISSUANCE OF CERTIFICATE. THE A MONTHLY BASIS TO MAINTAIN VALID
POST IN 1	EFFECTIVE JUNE 1, 2024 PLAIN VIEW IN THE LO	TO MAY 31, 2025 BBY OF ENTRANCE AREA
I hereby certify that the above	e information is correct and	I I understand that any false statements made Section 44-18-18 of the R.I. General Laws:
<b>Authorized Signature</b>	Title	Date
\$15.00 Filing fee: \$1000.00 per unit: \$500 - Home Occupation (primary residence up to two ro		guests)

Information submitted on this form is a public record.

THE FILING OF THE APPLICATION DOES NOT AUTHORIZE THE OPERATION OF THE GUEST FACILITY. ALL APPROVALS AND CERTIFICATE OF REGISTRATION MUST BE RECEIVED PRIOR TO THE OPERATION OF THE GUEST FACILITY.

CITY CLERK