## CITY OF NEWPORT, RHODE ISLAND CERTIFICATE OF GUESTHOUSE (UP TO 2 ROOMS) CERTIFICATE OF HOTEL (3 OR MORE ROOMS)

PLEASE TYPE OR PRINT CLEARLY		Received Copy of Chapter 5.40
HOTELS Retail Sales Tax Permit Number:		Chapter 2010
Name of Establishment:		
Address of Establishment:		
Please Check Number of Rooms: GUESTHOUSE: (1)_	(2) <u>or</u> HOTEL (3 or mor	e rooms) :No. of Rooms
Owner Name:		
Owner Address:		
Owner Telephone Number(s): ()		
Operator/Manager Name:		
Operator/Manager Address:		
Operator/Manager Telephone Number(s): ()		
I HEREBY CERTIFY (FOR HOTEL REGISTRATION	ON THREE (3) OR MORE ROOM	<u>MS</u> ):
That the owner or manager will reside at and be pre commercial and business zones are exempt from this		thouses permitted by right in
That the above information is true and correct and collected by the establishment and forwarded to the		
That the seven percent (7%) RI Sales Tax due on the forwarded to the RHODE ISLAND DIVISION OF T		ected by the establishment and
I HEREBY CERTIFY (FOR GUESTHOUSE REGIS	TRATION - ONE OR TWO ROOM	S ONLY):
That the owner will reside and be present at the pro- (7%) R.I. sales tax due on the sale of each room will be co TO ONE (1) ROOM GUEST HOUSES.		
ALL TAXES AND UTILITY CHARGES MUST BE F PAYMENT OF ROOM TAXES MUST BE KEPT CU REGISTRATION.	RRENT ON A MONTHLY BASIS T	O MAINTAIN VALID
	JNE 1, 2013, TO MAY 31, 2014 N THE LOBBY OF ENTRANG	
I hereby certify that the above information is		
herein are subject to penalties under law as re		
Authorized Signature	Title	Date
\$50.00 Fee Paid:		City Clerk

THIS CERTIFICATE IS NOT TRANSFERABLE