

**CITY OF NEWPORT, RHODE ISLAND
CERTIFICATE OF GUESTHOUSE/HOTEL
(RENTALS FOR 30 DAYS OR LESS)**

Address of Establishment: _____ d/b/a: _____

Zoning District: _____ Is the property a house? Yes _____ No _____ Type: _____
(Single family, two family, etc.)

Hotel: _____ Apartment: _____ Condo: _____ Other: _____

Number of Rooms: _____ Maximum Number of Guests: _____

Do you reside at the property during the rental period? Yes _____ No _____

Do you use a hosting platform for rentals (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): (_____) _____

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% _____ (Rental of rooms for less than 30 days) 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

ALL TAXES AND UTILITY CHARGES MUST BE PAID UP TO DATE BEFORE ISSUANCE OF CERTIFICATE. THE PAYMENT OF ROOM TAXES MUST BE KEPT CURRENT ON A MONTHLY BASIS TO MAINTAIN VALID REGISTRATION.

**EFFECTIVE JUNE 1, 2018, TO MAY 31, 2019
POST IN PLAIN VIEW IN THE LOBBY OF ENTRANCE AREA**

I hereby certify that the above information is correct and I understand that any false statements made herein are subject to penalties under law as required by Section 44-18-18 of the R.I. General Laws:

Authorized Signature Title Date

\$50.00 Fee Paid: _____
CITY CLERK

OFFICE USE ONLY: RENTAL CODE _____ B _____ Z _____ F _____