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

Address of Establishment:		d/b/a:	
Zoning District:	Is the property a house? Yes	s No	
Hotel:Apartm	nent: Condo: (	Other:	(Single family, two family, etc.)
Number of Bedrooms:	Maximum Numb	er of Guests:	
Do you reside at the proper	ty during the rental period? Yes	No	
Do you use a hosting platfor	rm 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): ()	Email addro	ess:
Operator/Manager Name: _			
Operator/Manager Address	s:		
Operator/Manager Telepho	one Number(s): ()		
I hereby certify the followin	ng taxes will be collected and remit	ted:	
.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.			
ooms 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			
	TY CHARGES MUST BE PAID UI XES MUST BE KEPT CURRENT		RE ISSUANCE OF CERTIFICATE. THE Y BASIS TO MAINTAIN VALID
	EFFECTIVE JUNE 1 ST IN PLAIN VIEW IN THI		
I hereby certify that the	e above information is correc	ct and I underst	and that any false statements made 18-18 of the R.I. General Laws:
<b>Authorized Signature</b>	Title		Date
\$15.00 Filing fee:	\$100.00 R	Registration fee:	

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**