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: O	ther:
Number of Bedrooms:	Maximum Number	of Guests:
Do you reside at the property duri	ing 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" (Exped	lia, 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 taxe	es will be collected and remitte	d:
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% (Re	ental 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		
		TO DATE BEFORE ISSUANCE OF CERTIFICATE. THE ON A MONTHLY BASIS TO MAINTAIN VALID
POST IN	EFFECTIVE JUNE 1, 2 I PLAIN VIEW IN THE	2023 TO MAY 31, 2024 LOBBY OF ENTRANCE AREA
I hereby certify that the abo	ve information is correct	and I understand that any false statements made by Section 44-18-18 of the R.I. General Laws:
Authorized Signature	Title	Date
\$15.00 Filing fee: \$1000.00 per unit: \$500 - Home Occupation (primary residence up to two i		our 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