## 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	No	Type: (Single family, two family, etc.)
Hotel: Apartment: Condo:	Othe	er:	
Number of Bedrooms: Maximum Number of Guests:			
Do you reside at the property during the rental pe	eriod? Yes	No	
Do you use a hosting platform for rentals (Airbnb	, vrbo, etc.?) Yes	s 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% (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, 2021 TO MAY 31, 2022 POST IN PLAIN VIEW IN THE LOBBY OF ENTRANCE AREA			
I hereby certify that the above information herein are subject to penalties under law	on is correct a	nd I understa	and that any false statements made
Authorized Signature	Title		Date
\$15.00 Filing fee:	\$100.00 Regis	stration fee:	
CITY CLERK			
THE FILING OF THE APPLICATION DOES NOT AU AND CERTIFICATE OF REGISTRATION MUST BE I			

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OFFICE USE ONLY: RENTAL CODE