



Pike County Lodging Tax Registration



Name of Lodging Establishment: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Name of Establishment Owner: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Name of Establishment Operator: _____ Phone: _____

(if different from Owner)

Address: _____ City: _____ Zip: _____

Email: _____

Establishment Type (check all that apply)

Hotel Motel Bed & Breakfast Cottage Cabin Condominium

Vacation Home Other (please explain) _____

Total Number of Rooms/Units Available for Transient Guests: _____

Lodging Tax Contact Person (please select): Owner Operator Other

(If Other) Name of Contact: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Printed Name of Person Filing Registration: _____

Signature: _____ Date: _____

Please complete and return this form to:

Pike County Auditor's Office
230 Waverly Plaza, Suite 200
Waverly, OH 45690

(740) 947-4125
Monday - Friday: 8:30 AM - 4:00 PM
www.pikeauditoroh.gov