



IDAHO FALLS
AUDITORIUM DISTRICT

Transient Room Tax Registration Form

Name of property/business (incl. DBA/LLC): _____

Property Address: _____

Type of business (check one): Hotel/Motel B&B House RV/camp
 Townhouse/Condo Other

Billing Address: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Owner Email: _____

Signature: _____ Date: _____

