

**WAYNE COUNTY HOTEL ROOM RENTAL EXCISE TAX
EXEMPTION CERTIFICATE (TO BE SIGNED BY PERSON EXEMPT)
PLEASE TYPE OR PRINT LEGIBLY**

OPERATOR'S HOTEL ROOM RENTAL EXCISE TAX NUMBER: _____

Operator Legal Name: _____

Trade Name (DBA): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Tax Reporting Period: _____ From: _____ To: _____

I _____ a patron am exempt from paying the excise tax to the operator of the lodging facility for the following reasons:

(___) I am a permanent resident (a person who has occupied a room or rooms in a lodging facility for a period exceeding thirty (30) days.

(___) Other reason for exemption (Explain in detail):

Name of Patron:

Address: _____ City: _____ State _____ Zip: _____

Signature of Patron: _____ Date: The lodging facility shall maintain records to support and identify all exempt

occupancies.

This form can be duplicated.

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED