

**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**