

Form HM1500 Hotel and Motel Tax, City of Moraine Exemption Certificate for Governmental Agencies

For Office Use Only

City of Moraine Finance Department
4200 Dryden Road
Moraine OH 45439
Tel. (937) 535-1022
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This form is to be completed by a representative or employee of a governmental agency requesting an exemption from the City of Moraine's Hotel and Motel Tax. The hotel operator must retain this completed form and supporting documents for five years.

NAME OF HOTEL: _____

ADDRESS: _____

DATES OF OCCUPANCY:

CHECK IN: _____ CHECK OUT: _____

AMOUNT PAID FOR THE ROOM: \$ _____ PER: _____ DAILY _____ WEEKLY _____ MONTHLY

PERSON REQUESTING EXEMPTION:

_____	_____
NAME OF EMPLOYEE	TITLE/POSITION
_____	_____
GOVERNMENT ENTITY NAME	TELEPHONE
_____	_____
STREET ADDRESS	EMAIL ADDRESS
_____	_____
CITY STATE ZIP	DRIVER'S LICENSE STATE AND NUMBER

I hereby declare under penalty of perjury that I am a representative or employee of the governmental agency indicated above; and that such charges are incurred in the performance of my official duties as a representative of such agency, and that the foregoing facts and statements are true and correct.

Executed at: (City) _____ (State) _____

Signature: _____ Date: _____

Note: In all cases in which the tax is not collected by the operator, the operator shall be liable for the tax due on the taxable rent received for the rental as though the tax had been paid by the occupant.

Operators should not accept this certificate unless the person presenting it submits satisfactory proof that he/she meets the requirements for the exemption (i.e. Government Agency Calling Card, Agency Letter, or Identification Card). A separate exemption certificate is required for each occupant claiming this exemption.

TO BE COMPLETED BY HOTEL OPERATOR/STAFF

This exemption is not valid unless the occupant's Government Agency Calling Card, Agency Letter, or Identification Card is attached.

VERIFIED BY:

Print Hotel Employee's Name

Hotel Employee's Signature

Date