For Office Use Only

Form HM1600 Hotel and Motel Tax, City of Moraine
Exemption Certificate for Permanent Resident/Guest

City of Moraine Finance Department 4200 Dryden Road Moraine OH 45439

Tel. (937) 535-1026 Fax (937) 535-1026



This form is to be completed by a permanent resident/guest whose stay exceeds 30 days who requests exemption from the City of Moraine's Hotel and Motel Tax. A written lease contract/agreement must be signed by both the permanent resident/guest and the hotel operator. The hotel operator must retain this completed form and all supporting documents for five years.

NAME OF HOTEL:				
ADDRESS:				
DATES OF OCCUPANCY:				
CHECK IN:	CHE	CK OUT:		
AMOUNT PAID FOR THE ROOM: \$	PER:	DAILY	WEEKLY	MONTHLY
PERSON REQUESTING EXEMPTION:				
NAME OF RE	NAME OF RESIDENT/GUEST		TELEPHONE NUMBER	
STREET ADD	STREET ADDRESS		EMAIL ADDRESS	
CITY	STATE ZI	P	DRIVER'S LICENSE STATE	AND NUMBER
correct. Executed at: (City)				
Signature:		Date:		
Note: In all cases in which the tax is not rental as though the tax had been		tor, the operator	shall be liable for the tax due	on the taxable rent received for the
	Agency Calling Card, A			nat he/she meets the requirements for e exemption certificate is required for
	TO BE COMPLETED	BY HOTEL OP	ERATOR/STAFF	
			contract/agreement ar	
payment fo	or at least 30 days	of continuous	occupancy are attached	J.
VERIFIED BY:				
Print Hotel Employee's Name	Hotel Emp	loyee's Signatu	re	Date