

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

For Office Use Only

City of Moraine Finance Department  
4200 Dryden Road  
Moraine OH 45439  
Tel. (937) 535-1022  
Fax (937) 535-1275



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: \_\_\_\_\_ CHECK OUT: \_\_\_\_\_

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

PERSON REQUESTING EXEMPTION:

_____	_____
NAME OF RESIDENT/GUEST	TELEPHONE NUMBER
_____	_____
STREET ADDRESS	EMAIL ADDRESS
_____	_____
CITY STATE ZIP	DRIVER'S LICENSE STATE AND NUMBER

I hereby declare under penalty of perjury that I am a permanent resident whose stay exceeds 30 days, 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 copies of the lease contract/agreement and proof of payment for at least 30 days of continuous occupancy are attached.**

VERIFIED BY:

\_\_\_\_\_

Print Hotel Employee's Name

\_\_\_\_\_

Hotel Employee's Signature

\_\_\_\_\_

Date