



HOTEL OCCUPANCY TAX AND SHORT-TERM RENTAL REGISTRATION FORM

**** To be completed by the Property Owner ****

REGISTRATION/PROPERTY TYPE

REGISTRATION TYPE		PROPERTY TYPE	
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PROPERTY INFORMATION

PROPERTY NAME	
PROPERTY ADDRESS	
LEGAL DESCRIPTION	

OWNER INFORMATION

OWNER LEGAL NAME		
MAILING ADDRESS		
EMAIL ADDRESS	TEXAS TAXPAYER #	
TELEPHONE NUMBER	FIRST DAY OF OPERATION	

OWNER'S REPRESENTATIVE/PROPERTY MANAGER (if applicable)

FIRM NAME	
MAILING ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	

AUTHORIZED ONLINE USERS

NAME (1)		NAME (2)	
EMAIL ADDRESS		EMAIL ADDRESS	
TELEPHONE NUMBER		TELEPHONE NUMBER	

SHORT-TERM RENTAL SECTION

I declare and confirm that I am the registered owner of the property above and authorize the property for use as a short-term rental.

LOCAL RESPONSIBLE PARTY

Contact for immediate concerns and complaints. Must be available within one hour from contact and must be authorized to make decisions regarding the property and occupants.

CONTACT NAME	
MAILING ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	

By signing below, I attest that the information above is true and correct. I have read, understand, and agree to comply with all applicable ordinances, policies, and procedures.

OWNER'S SIGNATURE(S)

SIGNATURE		DATE:	
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OWNER'S REPRESENTATIVE/PROPERTY MANAGER SIGNATURE (if applicable)

SIGNATURE		DATE:	
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Please return this form, supporting documentation, and payment to:

City of Fort Worth, ATTN: Revenue Department, Lower Level, 200 Texas St., Fort Worth TX 76102

Phone: (817) 392-6665 Email: TreasuryRevenue@fortworthtexas.gov