

MARKETPLACE INNKEEPER CONTACT INFORMATION



- SECTION I - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY

| | | |
|--|--------|------|
| MARKETPLACE INNKEEPER NAME IN CONTRACT: | | |
| OWNER NAME FOR LOCAL PROPERTY: | | |
| PHYSICAL STREET ADDRESS OF RENTAL PROPERTY: | | |
| MAILING ADDRESS FOR PROPERTY BEING RENTING: (IF DIFFERENT FROM PHYSICAL STREET ADDRESS) | | |
| CITY: | STATE: | ZIP: |
| BUSINESS TELEPHONE OF RENTAL PROPERTY: | | |
| CONTACT PERSON FOR LOCAL PROPERTY: | | |
| CONTACT TELEPHONE FOR LOCAL PROPERTY: | | |
| E-Mail (REQUIRED) FOR OWNER OF PROPERTY: | | |

- SECTION II - READ CAREFULLY BEFORE SIGNING

This Return Is Due In The Clerk's Office within 10 days of making the contract between the Marketplace Innkeeper/Facilitator and the Property being lodged. Failure to File this Return by the 10th day of constructing the contract may result in penalties. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

_____/_____/_____
Date

Signature