



TRANSIENT ROOM LICENSING FEE QUARTERLY RETURN
PARIS-BOURBON COUNTY, KENTUCKY



Lodging Name: _____

BUSINESS Name: _____ MAILING ADDRESS: _____

If different than Lodging Name

LOCATION (if different than mailing address) _____

OWNER: _____

PHONE: _____ EMAIL: _____

WEBSITE/Social Media: _____

Business License # _____

This payment is for: (Circle appropriate quarter)

TOTAL BEDROOMS AT BUSINESS: _____

Jan.-March April-June July-Sept. Oct.-Dec.

NUMBER OF NIGHTS RENTED FOR QUARTER: _____

PERCENT OF OCCUPANCY: _____

AVERAGE ROOM/SUITE RATE: _____

FOR THIS QUARTER:

1. GROSS ROOM RENTALS \$ _____

2. TAX-3% OF LINE 1 _____

3. PENALTY-10% _____

4. INTEREST-1/2%-1% _____

5. TOTAL PAYMENT _____

6. CHECK # _____ DATE OF CHECK: _____

REMEMBER:

- FILE RETURN EVEN IF NO TAX IS DUE
RETURN IS DUE 30 DAYS FOLLOWING THE QUARTER FOR WHICH REPORT IS MADE.
Report changes of ownership or address IMMEDIATELY.
Prepare return in triplicate and retain a copy.
Mail or bring return with payment to the City of Paris Clerk's Office (see address below)

For marketing purposes:

- How many guests can be accommodated at your business at one time?
Circle the best fit: B&B Airbnb VRBO Hotel/Motel Other:

RETURN MUST BE SIGNED: I HEARBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Printed Name: _____

Official Title- Owner, Partner, Manager, President

Signature of Individual Preparing Return

Date

Make Check Payable and Mail To: City of Paris Attn: Treasurer 525 High Street Paris, Kentucky 40361