



CITY OF CUYAHOGA FALLS
TRANSIENT OCCUPANCY
REGISTRATION FORM
(Transient Accommodations – Lodging Tax)

The following information is needed to issue a Transient Occupancy Registration Certificate as required under COCF Section 163.

Name of Business: _____

Type of Business: _____ Number of rooms: _____

Mailing Address: _____

Local C.F. Address: _____

Contact person: _____

Contact person phone: _____

Federal EIN: _____

Initial date of business: _____

Signature: _____ Date: _____

Please mail the completed form to:

City of Cuyahoga Falls
Income Tax Division
2310 Second St.
Cuyahoga Falls, OH 44221