

**CITY OF NEWPORT, RHODE ISLAND**

**CERTIFICATE OF GUESTHOUSE (UP TO 2 ROOMS)  
CERTIFICATE OF HOTEL (3 OR MORE ROOMS)**

PLEASE TYPE OR PRINT CLEARLY

\_\_\_\_ Received Copy of  
Chapter 5.40

**HOTELS**

Retail Sales Tax Permit Number: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address of Establishment \_\_\_\_\_

Please Check Number of Rooms: **GUESTHOUSE:** (1)\_\_\_\_ (2)\_\_\_\_ **or HOTEL (3 or more rooms) :** \_\_\_\_\_ **No. of Rooms**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Telephone Number(s): ( \_\_\_\_\_ ) \_\_\_\_\_

Operator/Manager Name: \_\_\_\_\_

Operator/Manager Address: \_\_\_\_\_

Operator/Manager Telephone Number(s): ( \_\_\_\_\_ ) \_\_\_\_\_

**HOTEL REGISTRATION (3 OR MORE ROOMS):**

**I HEREBY CERTIFY** that the above information is true and correct and that a six percent (6%) hotel tax due on the room sales for each room will be collected by the establishment and forwarded to the TAX COLLECTOR, CITY OF NEWPORT, RHODE ISLAND. I further certify that the seven percent (7%) RI Sales Tax due on the room sales for each room will be collected by the establishment and forwarded to the RHODE ISLAND DIVISION OF TAXATION. I understand that any false statements made herein are subject to penalties under law.

**GUESTHOUSE REGISTRATION (2 ROOMS ONLY):**

**I HEREBY CERTIFY** that the above information is true and correct and that a seven percent (7%) R.I. sales tax due on the sale of each room will be collected. I further understand that any false statements made herein are subject to penalties under law as required by Section 44-18-18 of the R.I. General Laws. **SEVEN PERCENT (7%) SALES TAX DOES NOT APPLY TO ONE (1) ROOM GUEST HOUSES.**

**ALL TAXES AND UTILITY CHARGES MUST BE PAID UP TO DATE BEFORE ISSUANCE OF CERTIFICATE. THE PAYMENT OF ROOM TAXES MUST BE KEPT CURRENT ON A MONTHLY BASIS TO MAINTAIN VALID REGISTRATION.**

**EFFECTIVE JUNE 1, 2010 TO MAY 31, 2011  
THIS CERTIFICATE IS NOT TRANSFERABLE  
POST IN PLAIN VIEW IN THE LOBBY OF ENTRANCE AREA**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\$50.00 Fee Paid: \_\_\_\_\_

\_\_\_\_\_  
City Clerk

**The City Clerk shall be notified within thirty (30) days of any change in ownership.**