



Short Term Rental Quarterly Operator License Fee

** Required Fields*

Year*

Check One*	Quarter	Due Date
<input type="checkbox"/>	Q1 – January -- March	April 30
<input type="checkbox"/>	Q2 – April – June	July 31
<input type="checkbox"/>	Q3 – July – September	October 31
<input type="checkbox"/>	Q4 – October – December	January 31

Property Owner Mailing address:

Rental Property Information:

Name*			STR Permit Number*		
			851- STVR		
Address*			Address*		
City*	State*	Zip*	City*	State*	Zip*
				OR	

1. Gross Rental Income for this quarter* \$ _____

Enter all rent and non-optional fees (other than taxes) collected from guests, including rentals through transient lodging intermediaries. Examples of non-optional fees: booking/reservation fees, cleaning fees, pet charges, extra vehicles, extra people, extra beds. Do not include optional items offered for a separate fee, such as room service, movies, firewood, use of an honor bar or restaurant meals charged to the room.

2. In Column A below, find your Gross Rental Income tier for this quarter. Enter Column B amount on line 3.

A – Gross Rental Income Tier	B - Operator License Fee
\$0	\$0
\$1-4,999	\$50
\$5,000-9,999	\$100
\$10,000-19,999	\$200
\$20,000-29,999	\$300
\$30,000-39,999	\$400
\$40,000-49,999	\$500
\$50,000 or more	\$600

3. Operator License Fee - Pay This Amount \$ _____

Under penalty of false swearing, I declare that the information on this form and any attachments is true, correct, and complete.

Signature* _____ Date* _____

PRINT Name* _____ Title* _____ Phone* _____

Email* _____

To avoid interest and penalties, mail this form with payment **before the due date** to:
Make your check or money order payable to **Tillamook County**.
Please include your **STR permit#** and **quarter** on your check.

Tillamook County Community Development/STVR
1510-B Third Street
Tillamook, OR 97141