

**Transient Room Tax Questionnaire and Registration Application
Pulaski County, Kentucky**

1. Name of Establishment: _____
2. Street Address: _____
3. Mailing Address: _____
4. Manager's or Operator's Name & Title: _____
5. Type of Ownership: Individual _____ Partnership _____ Corporation _____
6. Phone: _____
7. Airbnb/ Website/
VRBO : _____
8. E-mail _____
9. Name and Address of Owner: _____
10. Are Pets allowed? _____
11. Handicapped accessible: _____
12. Units available: B&B/Motel Rooms _____ Cabins _____ Houses _____ Condos _____
of Bedrooms _____ # of Campsites Available _____
13. Short description of property and amenities (To be used in the Visitors Guide): _____

The undersigned operator hereby certifies that, to the best of his knowledge, all of the foregoing statements are true, correct and complete.

Signed: _____

Title: _____

Date: _____

Mail To: Somerset/Pulaski Convention & Visitors Bureau, 522 Ogden St. Somerset, Ky 42501
or somersetcvb@lctourism.com

(A new questionnaire must be completed within ten (10) days of any change in the above information.)

Office Use Only Certificate # _____ Date Issued _____
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