

Return this completed form to:

BY MAIL: Town of Hochatown
PO Box 459
Hochatown, OK 74728
By E-MAIL: hochatowntrust@gmail.com
IN PERSON: Hocha Town Hall
9983 N. US Hwy 259, Suite A
Hochatown, OK 74728



**Hochatown, Oklahoma Lodging Tax Registration
and Designation of Operator**

I. Cabin Information

Cabin Name: _____
Cabin Address: _____
Owners' Name: _____
Owners' Mailing Address: _____
Owners' Telephone No: _____ Owner's email: _____

(If you own more than one cabin, or if this form is being completed by an Operator of multiple cabins, please use the attached sheet. Alternatively, you may attach a spread sheet containing the information requested above.)

II. Operator Information and Designation

I, the above named owner, or authorized representative, hereby designate the following person or entity to collect Lodging Taxes on my behalf.

Operator Name: _____
Operator Mailing Address: _____
Operator's Mailing Address: _____
Operator's Telephone No: _____ Operator's email: _____

<p>Owner's Signature</p> <p>_____</p> <p>Owner's Name: _____</p>	<p>Operator's Signature</p> <p>_____</p> <p>Operator's Name: _____</p> <p>By: _____</p> <p>_____, _____ President/Manager</p>
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DO NOT WRITE BELOW THIS LINE
(Town use only)

Dater Received: _____ Date Approved: _____

Tax Number Assigned: _____

ADDITIONAL SHEET FOR TAX REGISTRATION

Cabin Name: _____
Cabin Address: _____
Owners' Name: _____
Owners' Mailing Address: _____
Owners' Telephone No: _____ Owner's email: _____

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