

LLANO COUNTY HOTEL OCCUPANCY
INFORMATION SHEET

This form needs to be completely filled out and emailed to
chiefdeputytreasurer@co.llano.tx.us

After receiving this information, you will be provided with a personalized reporting form

LLANO COUNTY HOT # _____ (assigned after receipt of this form)

STATE/COUNTY REPORTING SCHEDULE: ____ MONTHLY ____ QUARTERLY

OWNER INFORMATION:

NAME: _____

MAILING ADDRESS: _____

PHONE CONTACT #: _____

EMAIL ADDRESS: _____

PROPERTY INFORMATION:

LOCATION TRADE NAME: _____

PHYSICAL ADDRESS: _____

WEBSITE (if applicable): _____

FIRST DAY OF OPERATION: _____

(____PROPERTY OR ____ TAX) MANAGER INFORMATION: (If other than owner)

NAME: _____

MAILING ADDRESS: _____

PHONE CONTACT #: _____

EMAIL ADDRESS: _____

ADDITIONAL PROPERTIES INFORMATION (IF NECESSARY):

PROPERTY INFORMATION:

LOCATION TRADE NAME: _____

PHYSICAL ADDRESS: _____

WEBSITE (if applicable): _____

LOCATION TRADE NAME: _____

PHYSICAL ADDRESS: _____

WEBSITE (if applicable): _____

LOCATION TRADE NAME: _____

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