



Licensing Division
City of Bend
710 NW Wall Street, Bend OR 97703
(541) 388-5580 option 8
www.bendoregon.gov/businesslicense

CHANGE OF INFORMATION/AUTHORIZATION FORM ROOM TAX CERTIFICATE OF AUTHORITY

Download this form before completing fillable fields, then upload to your active license or registration through the Online Permit Center at <https://cityview.ci.bend.or.us/Portal/>. Complete this form within 14 days of changing the authorized agent and/or owner representative. All changes will be effective as of the date this document is signed unless stated otherwise. If applicable a new certificate of authority may be issued and must be posted in a conspicuous area within the short-term rental property.

If there has been a change of ownership, then you must submit a new application for a Room Tax Certificate of Authority through the City of Bend Online Permit Center Portal. Certificates of Authority may not be assigned or transferred and shall be surrendered immediately to the Tax Administrator upon the cessation of business at the location named or upon its sale or transfer.

Certificate of Authority (COA) Reference Number: _____

Business Name: _____

Lodging Location: _____

City/State/Zip: _____

Owner(s) Information:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Authorized Agent and/or Additional Contact: - Any property management company, entity, or person who has been designated by the owner to act on their behalf.

Effective Date: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Please check the options below that are applicable to your application.

- I have a short-term rental license and have submitted a change of authorization//information form to the Licensing Division at licensing@bendoregon.gov.
- I am exempt from a short-term rental license (Hotel/Motel/Transient Lodging Intermediary/Bed & Breakfast/Boarding House).

Business Type:

- Hotel/Motel House RV Park
- Townhouse/Condo Bed & Breakfast Boarding House

Change Filing Frequency – Per **Room Tax Code 12.05.035**, you may elect to remit taxes quarterly, “If the estimated monthly amount of average tax due is \$100.00 or less.” Account will be updated, and reporting will begin the following quarter from when this request is received and approved.

- Please change my filing frequency to Quarterly.
- Please change my filing frequency to Monthly.

Signature

This form requires two signatures if there is an authorized agent. By signing this form, the owner and authorized agent agrees to abide by the Room Tax Certificate of Authority requirements as stated in **Bend Municipal Code 12.05**. I warrant that the information provided in this form is true and agree that by typing my name in the signature box I am providing an electronic signature that is the legal equivalent of my manual signature on this application.

Owner Signature: _____ Date: _____

Authorized Agent Signature: _____ Date: _____

LIC – Change of Information Form – RT Certificate of Authority - *Last Revised Date: 03/22/2024.*



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Licensing Division at licensing@bendoregon.gov or (541) 388-5580 ext. 8; Relay Users Dial 7-1-1.