

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

1. Name of Establishment: \_\_\_\_\_
2. Rental Prop.Address\* \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Manager's or Operator's Name & Title: \_\_\_\_\_
5. Type of Ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_
6. **Phone:** \_\_\_\_\_
7. Fax: \_\_\_\_\_
8. E-mail: \_\_\_\_\_ **Website:** \_\_\_\_\_
9. Name and Address of Owner: \_\_\_\_\_
10. Are Pets allowed? \_\_\_\_\_
11. Handicapped accessible: \_\_\_\_\_ WiFi \_\_\_\_\_
12. Units available: B&B/Motel Rooms \_\_\_\_\_ Cabins \_\_\_\_\_ Houses \_\_\_\_\_ Condos \_\_\_\_\_  
#of Bdrms \_\_\_\_\_
13. **Short description of property and amenities** (To be used on the website): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 or Fax To: Somerset/Pulaski Convention & Visitors Bureau,  
522 Ogden St. Somerset, KY 42501  
Fax: 606-678-8988  
Email [somersetcvb@lctourism.com](mailto:somersetcvb@lctourism.com)

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

<b>Office Use Only</b> Certificate # _____ Date Issued _____
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\*Rental property address.