



**CITY OF WESTERVILLE  
INCOME TAX DIVISION  
CERTIFICATE OF EXEMPTION  
HOTEL/MOTEL  
EXCISE TAX**

**DATE** \_\_\_\_\_

**NAME OF HOTEL, APARTMENT HOTEL OR LODGING HOUSE:**

\_\_\_\_\_

**HOTEL ADDRESS:** \_\_\_\_\_

**DATE OF OCCUPANCY:** \_\_\_\_\_

**This is to certify that the undersigned hereby claims exemption from the hotel/motel excise tax, imposed by CHAPTER 195, City of Westerville Codes.**

**Purchaser must state statutory reason for claim exemption or exception:**

**STATE STATUTORY REASON FOR EXEMPTION:**

\_\_\_\_\_  
\_\_\_\_\_

**OCCUPANTS NAME:** \_\_\_\_\_

**OCCUPANTS COMPANY NAME:** \_\_\_\_\_

**OCCUPANTS COMPANY ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PREPARED BY (HOTEL EMPLOYEE):** \_\_\_\_\_

**TITLE (HOTEL EMPLOYEE):** \_\_\_\_\_

**COMPANY'S FED ID #** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HOTEL VENDOR'S LICENSE, IF ANY:** \_\_\_\_\_