

**Remitter Information Form**

**Owner Information**

Business/Owner Name:

Mailing Address:

Phone:

Email:

**Establishment Information – Please fill out this section of a new form for each establishment**

Establishment Name:

Establishment Type:

Hotel/Motel

Bed & Breakfast

Online Travel Company

Vacation (non-owner occupied)

Short-Term Rental (owner occupied)

Physical address:

Mailing address:

Contact Person:

Phone number:

Email:

Business begin date:

Close Date (if applicable):

Seasonal:

If Yes,

Seasonal Close Date:

Seasonal Reopen Date:

Signature:

Date:

Print Name:

Please send completed forms to the Buncombe County Finance Department, Attn: Occupancy Tax.

US Mail: PO Box 7526, Asheville, NC 28802

Email: [gl@buncombecounty.org](mailto:gl@buncombecounty.org)

Fax: 828-250-6081 Telephone: 828-250-4130

**\*\*\*This form will be sent to Buncombe County establishments on an annual basis to ensure that the Finance Department has current information\*\*\***