St. Louis County Hotel/Motel Exemption Reporting For _____ Quarter, 20_____

Name of Establishment _____

Address _____

Report prepared by _____ **Title** _____

Contact Phone _____ **Email** _____

Name of Guest	Organization	Room Sales $	Days of Stay	Room Rate $ Daily-Weekly-Monthly			Check-In	Check-Out

Page _____ of _____ Total Pages (use additional copies of form if needed)

Rev. 04/2024