

CERTIFICATE OF EXEMPTION HOTEL/MOTEL EXCISE TAX

Name of Hotel, Apartment Hotel	Date
Or Lodging House	
Address	Date of Occupancy
This is to certify that the undersigned hereby claims exercise tax, imposed by Dublin City Ordinance 133-87,	•
Purchaser must state statutory reason for claim exemp	otion or exception.
Name (Please Print)	
Signature (Fiscal Officer)	Date

FINANCE 5200 Emerald Pkwy Dublin, Ohio 43017 phone 614.410.4400 dublinohiousa.gov

Bill must be paid with government check or government credit card.