

TOURISM ACCOMMODATION LEVY REMITTANCE FORM

OPERATOR INFORMATION					
* PLEASE FILL OUT A SEPARATE FORM FOR ADDITIONAL			. LOCATION(S)/OPERATION(S).		
Name of Business Address of Business			Type of Business □ Resort □ Hotel/Motel	☐ Bed & Breakfast ☐ Camp/Hostel	
Address of Susmess			□ Other		
Business Telephone Busin		Business Fax		# Rooms / Units	
Business Email Address (if applicable)			Business Website Address (if applicable)		
Property Owner(s)			Telephone or Ext	Email Address	
Secondary Contact (Manager, Supervisor, etc.)			Telephone or Ext	Email Address	
REMITTANCE INFORMATI	ON				
Report Start Date		Report End Date			
#Room Nights* Available	#Room Nights So	ld	Total Room Revenue Subject to Levy for Period		
Reason(s) for Reduced Room Availability (if applicable)			Total Tourism Levy Collected for Period		
PAYMENT INFORMATION					
Completed reports are due on the 20th day of the month following period end.					
Payments are due by the 30th day of the month following period end.					
PAYMENT BY MAIL: PAYMI		PAYMENT	T BY ONLINE BILL PAY:		
			able through Bank of Montreal (BMO) Bayview Credit Union,		
Town of St. George			RBC, Scotiabank, TD Canada Trust the appropriate St. George utilities payee		
			our location's Ref # from your water and sewer invoice		
Email the completed form to info@town.stgeorge.nb.ca				info@town.stgeorge.nb.ca	
			AMOUNT REMITTED \$		
Amount collected should equal amount remitted. Please explain any variances below:					
Form Completed by			Date		
* Room Nights is equal to the number of available rooms/units each night over the reporting period. For example, if an operator has 15 rooms available to rent for all of 30 nights in a period the number of Room Nights is 450.					
OFFICE USE ONLY					

Payment Received (if different)

Receipt Number

Date Form Received