

**Little Traverse Bay Bands of Odawa Indians - Department of Commerce (DOC)**

7500 Odawa Circle  
Harbor Springs, MI 49740

Phone: (231) 242-1584  
Email: [DOC@ltbbodawa-nsn.gov](mailto:DOC@ltbbodawa-nsn.gov)

**Monthly Hotel Room Tax  
Exemption Certificate**

Name of Guest Claiming Exemption: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_ to \_\_\_\_\_  
*Check-In Date* *Check-Out Date*

Basis for Exemption:

Guest traveling on official business sanctioned by a:

**Government:** Name of Government: \_\_\_\_\_

**Non-Profit Entity:** Name of Non-Profit: \_\_\_\_\_

Laws under which Non-Profit is organized: \_\_\_\_\_

**GUEST CERTIFICATION:** I declare that I am an occupant of this hotel on official business sanctioned by the governmental or non-profit organization named above, and that all information shown on this document is true and correct. I further understand that I may be charged with a criminal offense and subject to civil penalties if I knowingly use false or inaccurate information to claim an exemption.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**To be completed by Hotel:**

Hotel Name \_\_\_\_\_

Hotel Address \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Hotel employee processing the Exemption Certificate:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please direct any questions to the LTBB Department of Commerce at 231-242-1584 or [DOC@ltbbodawa-nsn.gov](mailto:DOC@ltbbodawa-nsn.gov).