

**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  
Hearing Request Form**

Name of Hotel Requesting a Hearing: \_\_\_\_\_

Address of Hotel Requesting a Hearing: \_\_\_\_\_

Date Range of Tax Amount in Question: from: \_\_\_\_\_ to: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Tax Amount to be Reviewed: \$ \_\_\_\_\_

Please use the following space to state the nature and basis of your appeal (attach additional sheets if necessary):

Will an attorney be present to represent the Hotel named above at the requested hearing: YES NO

Will witnesses attend the hearing: YES (# of witnesses): \_\_\_\_\_ NO

List of individuals who will be in attendance (name and title) (attach additional sheets if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

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

Within ten (10) businesses days of receiving this request, the Department of Commerce will notify you at the email provided above of the date, time, and place of the hearing, which shall not be more than forty-five (45) days from the date of the receipt of the application.

If you would like to request the hearing to occur via Zoom, please use the space below to provide an explanation for your request to appear virtually (attach additional sheets if necessary):

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