



Application for Certificate Registration

Transient Occupancy Tax

Pursuant to Municipal Code Chapter 3.28

Owner Name _____ Email Address _____

Business Name _____ Business License Number _____

Physical Address _____ Phone _____

Mailing Address _____

Total number of units on site _____ Total number of units available for rent _____

Type of Establishment:

Hotel Motel Resort Bed & Breakfast

Hosted Vacation Rental Non-Hosted Vacation Rental

Other _____

Ownership Type:

Corporation Partnership Sole Proprietor

Limited Liability Corporation Trust

Other _____

Partners, co-owners, co-trustees, or corporate officers

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

If owner does not operate business, operator or managing agent

Name and Title _____

Business Address _____ Phone _____

Persons authorized to sign tax return forms and verified signatures

Name _____ Title _____ Signature _____

Name _____ Title _____ Signature _____

CERTIFICATION: I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signed _____

Title _____

Owner, Partner, Agent or Officer, Trustee, etc.