

TRANSIENT OCCUPANCY REGISTRATION CERTIFICATE APPLICATION

Name of Hotel/Motel/Inn:
Location Address:
Mailing Address (if different):
*Operator's Name:
Mailing Address:
Phone Number:
Email Address:
Number of Units: Date Started:
Type of Ownership:
☐ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Other
** First Collection Quarter to be Reported: Business License No:
I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.
Operator (Print Name) Authorized Signature Date
*IMPORTANT: Change of Operator and/or Ownership Requires a New Application & Tax Clearance Certificate from the Prior Owner. **Payment is due within 30 days after the end of each calendar quarter. A penalty of 10% will accrue after 30 days in addition to the amount of the tax. If delinquency continues, additional penalties and interest will be assessed as per Ordinance No. 879.

Mail or walk in completed form to: