

COUNTY OF PLACER
ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION
11582 B Avenue, Auburn, CA 95603
Ph: (530) 889-7786 Fax: (530) 889-6944

INSTRUCTIONS

FOR COMPLETING THE TRANSIENT OCCUPANCY TAX REGISTRATION CERTIFICATE APPLICATION

****A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH RENTAL PROPERTY****
TO BE COMPLETED BY THE OWNER OR AGENT

RENTAL INFORMATION:

1. TYPE - Select the best option from the list below to describe the type of rental and place the code number and description in the areas provided:

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
01	Home	07	Bed & Breakfast
02	Duplex	08	Motel
03	Triplex	09	Hotel
04	Apartment	10	Condotel*
05	Mobile Home	11	Condo
06	Timeshare	12	Other

** Multiple owners on one property operated with resort amenities.*

2. Type or print the address of the RENTAL. If more than one rental address – use additional application(s).
3. Type or print the Assessor's Parcel Number (APN).
4. Enter the number of units available for rent.
 - Example: if the rental is one house, the units = 1; if the rental is a 10 room motel, the units = 10

OWNERSHIP INFORMATION:

5. Select the best option to describe the type of ownership.
6. Type or print the requested information for the owner(s).
 - Use page three if more than two owners.

CERTIFICATE HOLDER INFORMATION:

7. Type or print:
 - The legal name of the certificate holder. (The operator responsible for the collection and payment of Placer County Transient Occupancy Tax.)
 - Check whether the certificate holder is the owner or an agent. If the certificate holder is going to be a rental agent, complete the rental agent information.

RENTAL AGENT INFORMATION:

8. If the certificate holder is a rental agent, type or print the requested information for the rental agent.
 - If the agent is a management company, enter the name of the company.

SIGN, DATE AND MAIL THE APPLICATION TO THE ADDRESS LISTED ABOVE

- *The application must be signed by the owner, authorized rental agent or authorized corporation officer or trustee.*
- *The name and title must be typed or printed and the application dated.*
- *If not an individual or partner ownership, a copy of the business license, trust documentation or article of incorporation must be included to process the application.*

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION, PLEASE CONTACT OUR OFFICE

FOR COUNTY USE ONLY
CERT NO: _____ ACCT NO: _____

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APPLICATION FOR A REGISTRATION CERTIFICATE UNDER THE UNIFORM TRANSIENT OCCUPANCY TAX
ORDINANCE NO. 685, Article 4.16

PLEASE PRINT CLEARLY or TYPE

RENTAL INFORMATION:

1. TYPE: Code: _____ Description: _____ *From the list on the instruction sheet*
2. _____
Address of Rental City State Zip Code
3. ASSESSOR'S PARCEL # (APN) _____
4. Number of units available for rent: _____

OWNERSHIP INFORMATION:

5. TYPE OF OWNERSHIP: Individual: ____ Partnership: ____ Trust: ____ Corporation: ____ LLC ____
Other: _____(Describe): _____

IF OTHER THAN INDIVIDUAL OR PARTNERSHIP: ATTACH A COPY OF THE BUSINESS LICENSE/TRUST DOCUMENTATION or ARTICLE OF INCORPORATION

6.A OWNER #1

_____	_____	_____	_____
Last Name	First Name MI	Federal Tax ID	
_____	_____	_____	_____
Home Address	City	State	Zip Code
_____	_____	_____	_____
Mailing address if different	City	State	Zip Code
(____)_____	(____)_____	_____	_____
Phone Number	Cell Number	E-mail address	

6.B OWNER #2

_____	_____	_____	_____
Last Name	First Name MI	Federal Tax ID	
_____	_____	_____	_____
Home Address	City	State	Zip Code
_____	_____	_____	_____
Mailing address if different	City	State	Zip Code
(____)_____	(____)_____	_____	_____
Phone Number	Cell Number	E-mail address	

List additional owners on page 3

TOT CERTIFICATE INFORMATION:

7. _____
Name of Certificate Holder

Owner: _____ Agent: _____ (Complete rental agent information below)

RENTAL AGENT INFORMATION:

8. _____ Federal Tax ID
Name of Agent / Management Company

Mailing Address of Agent City, State, Zip Code E-mail address

(_____) _____ (_____) _____ (_____) _____
Phone Number Cell Phone Number Fax Number

I certify that the information provided on this application is true and correct and that I have read and understand the Transient Occupancy Tax Code - available in booklet form by request or on the Placer County Web Site <http://www.placer.ca.gov/Departments/Admin/Revenue.aspx>.

Authorized Signature

Date

Print Name

Title

INCOMPLETE APPLICATIONS MAY BE RETURNED AND WILL DELAY THE ISSUANCE OF A CERTIFICATE

ADDITIONAL OWNERS/TRUST BENEFICIARIES

<hr/> Last Name	<hr/> First Name MI	<hr/> Federal Tax ID
<hr/> Address	<hr/> City	<hr/> State Zip Code
<hr/> (_____)_____	<hr/> (_____)_____	<hr/> _____
<hr/> Phone Number	<hr/> Cell Number	<hr/> E-mail address

<hr/> Last Name	<hr/> First Name MI	<hr/> Federal Tax ID
<hr/> Address	<hr/> City	<hr/> State Zip Code
<hr/> (_____)_____	<hr/> (_____)_____	<hr/> _____
<hr/> Phone Number	<hr/> Cell Number	<hr/> E-mail address

<hr/> Last Name	<hr/> First Name MI	<hr/> Federal Tax ID
<hr/> Address	<hr/> City	<hr/> State Zip Code
<hr/> (_____)_____	<hr/> (_____)_____	<hr/> _____
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