COUNTY OF PLACER
ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION
10810 Justice Center Drive, Suite 100, Roseville, CA 95678
Ph: (916) 543-3900 Fax: (916) 543-3910

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:

CODE	DESCRIPTION	CODE	DESCRIPTION
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/Soc. Sec. Number

_____ _____ _____ _____
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/Soc. Sec. Number

_____ _____ _____ _____
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. _____ _____
Name of Agent / Management Company Federal Tax ID/Soc. Sec. Number

_____ _____ _____
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

Last Name | First Name | MI | Federal Tax ID/Soc. Sec. Number

Address | City | State | Zip Code

(_____)_____ Phone Number | (_____)_____ Cell Number | E-mail address

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Last Name | First Name | MI | Federal Tax ID/Soc. Sec. Number

Address | City | State | Zip Code

(_____)_____ Phone Number | (_____)_____ Cell Number | E-mail address

---

Last Name | First Name | MI | Federal Tax ID/Soc. Sec. Number

Address | City | State | Zip Code

(_____)_____ Phone Number | (_____)_____ Cell Number | E-mail address

---

Last Name | First Name | MI | Federal Tax ID/Soc. Sec. Number

Address | City | State | Zip Code

(_____)_____ Phone Number | (_____)_____ Cell Number | E-mail address

---

Last Name | First Name | MI | Federal Tax ID/Soc. Sec. Number

Address | City | State | Zip Code

(_____)_____ Phone Number | (_____)_____ Cell Number | E-mail address

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Last Name | First Name | MI | Federal Tax ID/Soc. Sec. Number

Address | City | State | Zip Code

(_____)_____ Phone Number | (_____)_____ Cell Number | E-mail address

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